

Captain Earl Peters Pediatrician turned Hospital Administrator

By JOANNE M. STEITZ

The family farm in Virginia is a far cry from the Commanding Officer's Office at the Lejeune Naval Hospital, but through hard work and determination the step was made by Captain Earl R. Peters USN, M.C.

The path wasn't always an easy one for the farm boy who had to work his way through high school and college with part-time jobs. In 1943 he completed his pre-med education and was accepted into the Navy under the B-12 program. This program enabled the doctor to complete his medical education at government expense.

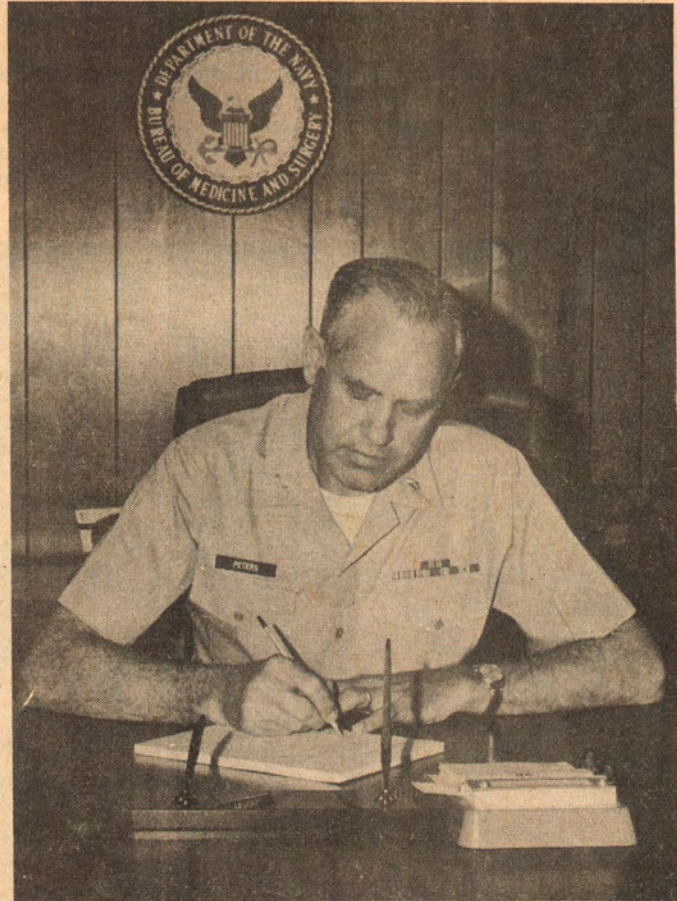
Dr. Peters' internship was served at Chelsea Navy Hospital in Massachusetts. Of his choice to further his studies in Pediatrics, Dr. Peters said, "that quite often an individual can foster interest in one field that results in specializing." In Captain Peters case, the service he chose was Pediatrics.

Of Camp Lejeune, Dr. Peters said that his recent assignment here as CO of the Naval Hospital was like "coming home". In 1960-64, he served as Chief of the Pediatric Service and Chief of Outpatient service, at the Naval Hospital.

Captain Peters met his wife Darlene while he was completing Medical School in Richmond, Va. The couple have two children, Larry, age 23, a college graduate and now serving as a Medic in the Army, and Linda, 20, a graduate of Whitworth and now furthering her education in the Medical Secretarial field.

Due being a Pediatrician for 21 years, there is probably no individual better qualified to talk on Pediatric care at this hospital than Dr. Peters. He said the Hospital command is constantly innovating new methods to provide better service in this area.

One new service is the recently implemented appointment system. Another change is having the Pediatric



CAPTAIN EARL R. PETERS
Commanding Lejeune Naval Hospital

Department cover their own service. What this means is that a Pediatrician is on duty until 10 p.m. each evening, so that after hour cases involving children are seen by the Pediatrician.

This is to provide better care to the patient and ease the fears of the Mother, Captain Peters said.

On apprehensive mothers, Dr. Peters commented, "A mother often reacts differently under the stress of a sick child. Every effort is being taken to see that she is treated with consideration."

According to Dr. Peters another area in hospital management that will have drastic changes is regionalization, which went into effect October 1, 1972.

This means that the medical facilities at Cherry Point, Marine Corps Base, and New River Air Facility, will be unified under one command. The Director for this area will be Captain Peters.

This will be in addition to his present duties as Commanding Officer of the Naval Hospital. Among the changes regionalization will bring about are that, in the near future, all sick calls for Base, Division and Force Troops will be held at Building 15.

Building C.Q. 36 will handle all physical examinations. Another change that should be of interest to many Marine families is the Medical Clinics which will be instituted in Midway Park and Tarawa Terrace housing areas.

These clinics will have a general Medical Officer, facilities for routine blood and laboratory work, and will stock standard prepackaged routine drugs. The medical clinics will be open during normal working hours and held in the Community centers.

There isn't a firm date on these new clinics as of yet, but both clinics will be operational

save valuable physicians time now utilized in personally writing on each chart. With this change the doctors observations will be dictated on a machine, and later added to the patient's chart by the stenographic pool.

Dr. Peters said, "with the recent transition to the Social Security numbers, a color coded filing system for hospital records has been a definite asset. It is now possible with this system to spot a misfiled chart."

This will now eliminate most of the misfiled and the loss of medical records, which is a problem both in military and civilian hospitals."

Another issue paramount in Dr. Peters' thoughts is the doctor shortage. "As of now the Doctor draft will end June 30, '73. There are present plans for Medical Educational Scholarships. With the high cost of education this should attract many qualified young men. Once his training is completed the doctor is obligated to serve four years on active duty. It is hoped that after the man has invested that much time, he will decide to make military medicine a career."

Prior to assuming his present position, Dr. Peters was the Executive Officer for the Naval Hospital in Philadelphia.

Dr. Peters outside interests include playing Golf and reading professional Journals when he has time and opportunity. In the past he has been active in the Scouting Program, and served on the school board during his last tour at Camp Lejeune.

Of his Pediatric career, Dr. Peters said he missed this service after 21 years but that there comes a time when a Naval Doctor must assume an administrative role to make room for the younger Doctors.



21 SEPT 1972 - DR. ARNOLD - PROMOTION



11 OCT 1972 - HM2 GONZALES - O. J. T. LABORATORY



11 OCT 1972 - HM1 NORRIS - X-RAY ADVANCEMENT



11 OCT 1972 - LT SCHAEFER - USNR to USN



6 OCT 1972 - HM3 WRENN - X-RAY GRADUATION



NAVY DAY
1972



NAVAL HOSPITAL
CAMP LEJEUNE, NORTH CAROLINA

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by the end of fiscal year 73," Captain Peters said. These clinics will eliminate hospital visits for many military families. If a specialist or certain tests are required then the individual will be referred to the hospital at Lejeune.

Other changes are a centralized appointment system, where the dependent simply calls to a special phone number to make an appointment. Another addition will be a stenographic service to transcribe Doctors notes. This will

save valuable physicians time now utilized in personally writing on each chart. With this change the doctors observations will be dictated on a machine, and later added to the patient's chart by the stenographic pool.

Dr. Peters said, "with the recent transition to the Social Security numbers, a color coded filing system for hospital records has been a definite asset. It is now possible with this system to spot a misfiled chart."

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6 OCT 1972 - HM3 WRENN - X-RAY
GRADUATION



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LABORATORY



11 OCT 1972 - HM1 NORRIS - X-RAY
ADVANCEMENT



11 OCT 1972 - LT SCHAEFER - USNR to USN

Message from the Commanding Officer

In the 197 years since its founding, men and women of the United States Navy, have served with valor and distinction. As we celebrate this anniversary we have every right to be proud of our history, but we must also look to the future.

In this day of ever changing ideologies, new challenges, new responsibilities and new demands on our time and talents are being requested. We have the skill, knowledge, and opportunity to add new luster to the tradition of devotion to duty that has been the Hallmark of the United States Navy for 197 years. I am confident that, with your continued dedicated support, we can attain this most important goal.

My very best wishes for a most Happy Birthday.

EARL R. PETERS
CAPT MC USN

NAVY DAY 1972

- A Ration of YE OLDE NAVY GROG
- A Steaming Bowl of NAVY BEAN SOUP with crispy saltines
- A Slice of VIRGINIA BAKED HAM
- A Generous Cut of CHARCOAL GRILLED STEAK
- A Portion of DEEP FRIED SHRIMP with Cocktail Sauce
- Southern Style Baked Yams
- Corn on the Cob
- French Fried Potatoes
- Green Beans Almondine
- Cole Slaw
- Jellied Fruit Cocktail
- Salad Bar
- Assorted Salad Dressings
- Hot Biscuits
- Butter
- Old Fashioned Strawberry Shortcake with topping
- Ice Cream
- Jello
- Coffee
- Tea
- Milk



13 October 1972 - NAVY DAY CAKE CUTTING
CAPT WAGNER, Executive Officer and LT
POINTER, Assistant Chief of Food Service



16 OCT 1972 - HM2 HOWTON - RE-ENLISTMENT



25 OCT 72 - HM3 MOWRY - GOOD CONDUCT
MEDAL



1 NOV 72 - HM2 HOUSTON - ADVANCEMENT
HM3 to HM2



1 NOV 72 - HM3 PILLING - ADVANCEMENT
HN to HM3



1 NOV 72 - HM2 MILLER - ADVANCEMENT
HM3 to HM2



1 NOV 72 - HM2 CARLETTA - PHYS.
SCIENCE



HM2 HOLMES - BLUEJACKET OF THE QUARTER



1 NOV 1972 - HM2 MACE - ADVANCEMENT
HM3 to HM2



3 NOV 1972 - DR. THOMPSON - PROMOTION



6 NOV 1972 - DR. KELLEY PROMOTION TO
CAPTAIN



13 NOV 1972 - ENS STEIN PROMOTED TO LTJG



16 NOV 1972 - HM2 GARDNER - GOOD CONDUCT
MEDAL



17 NOV 1972 - HM3 GREEN - RE-ENLISTMENT



29 NOV 1972 - ENS CLIFF, ENS COPPOLA
PROMOTION TO LTJG

Red Cross workers needed for new clinic

The Camp Lejeune American Red Cross is putting out a call for all trained volunteers, who are not presently serving, and for any ladies who would be interested in being trained, to serve in the Geiger Medical Clinic which will begin operations Jan. 15, 1973.

A brief organizational meeting for Red Cross volunteers for the Clinic will be held next Wednesday, at 10 a.m. in the Geiger Trailer Park Community Center. The Clinic will serve residents of the Camp Geiger Trailer Park and the Marine

Corps Air Station, McCutchen Field.
Ladies wishing more information, or those who will be unable to attend the meeting are urged to contact Mrs. Beth Floan, 455-2274.

JACKSONVILLE DAILY NEWS 8 Dec. 1972



11 DEC 1972 - PROMOTION OF EIGHT



8 DEC 1972 - HMC YOUNG - RETIREMENT



13 DEC 1972 - HM3 SALIN - RE-ENLISTMENT



13 DEC 1972 - ENS EGERAFTER PROMOTED TO
LTJG



22 DEC 1972 - DR. SPENCER PROMOTED TO
COMMANDER



22 DEC 1972 - ENS WILSON PROMOTED TO
LTJG



26 DEC 1972 - Letter of Appreciation

Mrs. George CALLEN, on-Base Chairman of Volunteers presents Red Cross Certificate to Mrs. Frederick DOUGLASS, Chairman of Clinic Volunteers



26 DEC 1972 - Mrs. HARTMAN - Letter of Appreciation



5 JAN 1973 - ENS DUNCAN - AWARD



5 JAN 1973 - HM3 LOVE - PROMOTION



Ens. Duncan



8 JAN 1973 - CP GRADUATION CLASS



25th ANNIVERSARY CAKE
MEDICAL SERVICE CORPS
4 AUGUST 1972

Civilian Guidepost

Compiled and Edited by

CIVILIAN PERSONNEL OFFICE, MARINE CORPS BASE, CAMP LEJEUNE, NORTH CAROLINA

Volume 17 No. 22

3 November 1972

SPOTLIGHT

MR. CHARLES R. WEBB
NAVAL HOSPITAL

Hire the handicapped? The Naval Hospital's philosophy seems to be, "Why not!" Mr. Charles R. Webb, Carpenter, Naval Hospital, is a "handicapped" employee. Mr. Webb lost his right arm at age 16--the result of a hunting accident.

What does his supervisor, Mr. Wayne Everett, Maintenance General Foreman, have to say about Mr. Webb's performance as a Carpenter? To put it briefly, he says, "His procedure may differ somewhat from that of his fellow workers, but the quality and quantity of his work always meets or exceeds normal requirements. We are proud to have him in our organization."

In January of 1971 Mr. Webb transferred to the Naval Hospital, with a promotion to Carpenter, from Marine Corps Base. As is evidenced by his progress, Mr. Webb has not let a physical handicap incapacitate him.

Mr. Webb began his Federal career with a temporary appointment in August of 1965 as Maintenanceman at Base Maintenance Department of Marine Corps Base; and within a few months, his temporary appointment was converted to a career-conditional appointment. Based on outstanding performance of his duties, in 1970 he was presented a Sustained Superior Performance award. At that time, he was performing all of the duties of his job in a superior manner.

Mr. Webb was born and reared in Swansboro and attended Swansboro High School. He is married to the former Carolyn Ann Nixon of Newport; they have two children, Charles and Sonja, 13 and 10 years of age, respectively. The Webbs reside in Newport where he actively participates in various community functions.



NAVREGMEDCEN FOOTBALL TEAM - 8 DECEMBER 1972



PAGE 4 THURSDAY, NOVEMBER 16, 1972 "JACKSONVILLE DAILY NEWS"

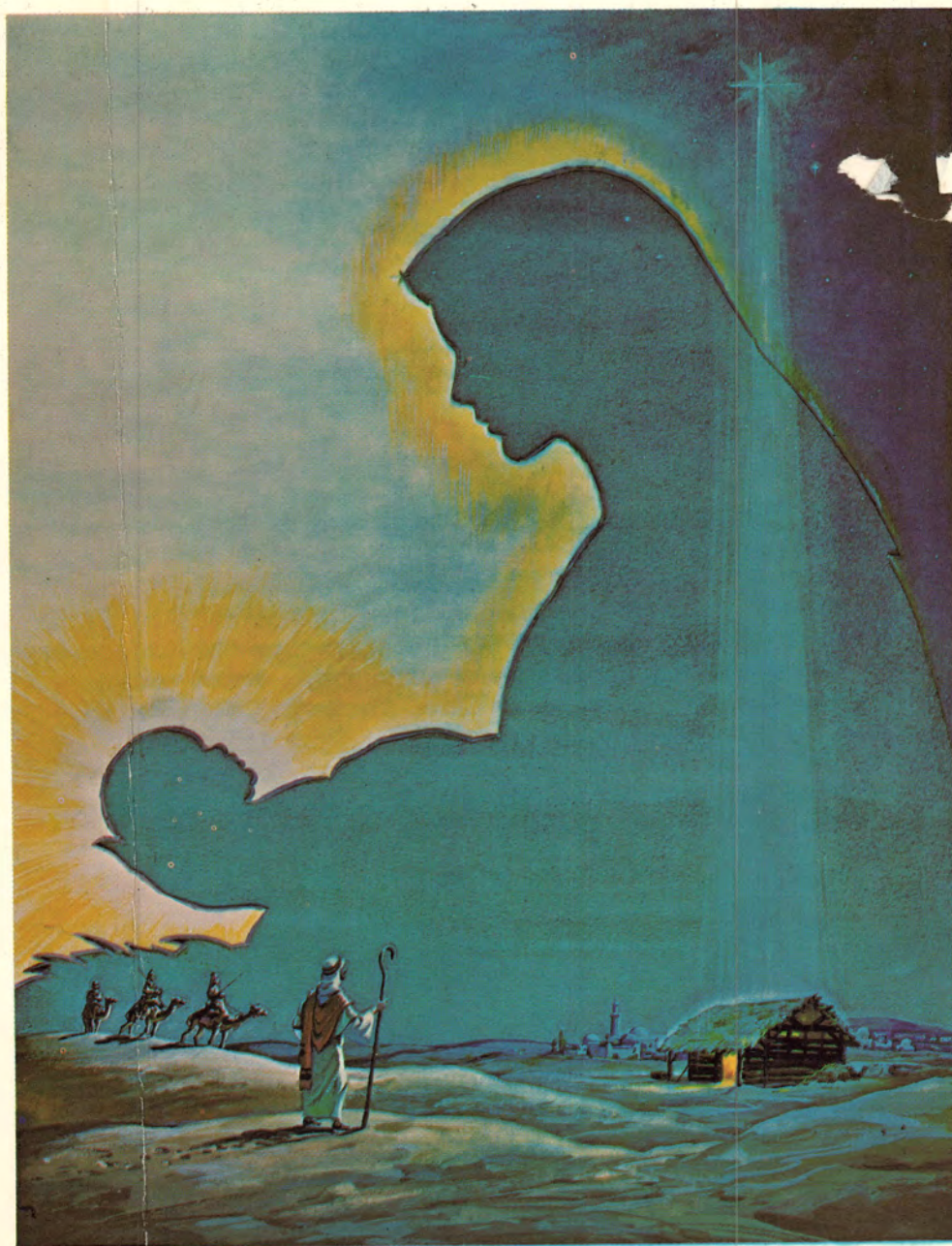


STAFF NCO WIVES of Camp Lejeune donate equipment to the Naval Hospital yesterday including a stereo intercom for the Pediatrics Ward, a television set, two wheel chairs for the women's ward and two wheel chairs for the children's ward. From left are: Mrs. Raymond E. Morgan, Mrs. Eddie Morgan, Mrs. Henry L. Thomas, Captain Carl R. Peters, commanding officer of the hospital, Mrs. William J. Steele, president of the Staff Wives, Mrs. Dale Burmeister, Mrs. Warren R. Woods, Miss Jolene Thomas and Miss Mary Catherine Steele. (Staff photo by Nelson Calhoun).

NAVAL HOSPITAL
CAMP LEJEUNE, N. C. 28542

they rejoiced exceedingly with great joy

MATTHEW 2:10



ABOUT PAGE ONE...



DOCTOR
FOWLER'S
QUARTERS

The "Living Nativity" Christmas display in front of the Protestant Chapel and pictured on page one is one of many displays seen throughout the base this week. GySgt. Bruce Martin spent the last few evenings recording many of these holiday scenes on film.

The picture above, of a Hospital Point home, represents the efforts that many Camp Lejeune families have gone to so they can wish their neighbors a visual Merry Christmas.

The "Living Nativity" will be on display tonight and tomorrow from 7 to 9 p.m. Religious services for the holidays are outlined in a story elsewhere on this page. News of other special observances can be found throughout this week's Globe.

"CAMP LEJEUNE GLOBE" 21 December 1972

"JACKSONVILLE DAILY NEWS" 26 January 1973

Lejeune hospital will receive returned POWs

The Defense Department announced today that the Camp Lejeune Naval Hospital is one of 31 hospitals designated to receive returning U.S. prisoners of war and missing personnel. Clark Air Base in the Republic of the Philippines, will serve as the initial reception point.

Returned personnel will travel by U.S. military aircraft from the point of release to a joint central processing center to be located at Clark Air Base.

At Clark, returnees will receive an initial medical evaluation, make telephone calls to their families and be fitted with new uniforms.

As soon as an individual is medically fit to continue movement to the United States, he will travel by military medical-evacuation aircraft to one of the designated 31 service hospitals.

Returnees will, in most cases, be evacuated to a hospital of their own service near their homes.



25th ANNIVERSARY CAKE
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"CAMP LEJEUNE GLOBE" 21 December 1972

The Commanding Officer and his staff extend their warmest wishes for this Holiday Season and the coming New Year.

EARL R. PETERS
CAPTAIN MC USN
COMMANDING OFFICER

CHRISTMAS PRAYER

"Almighty Father, who by the birth of Your Son have given us a light to cast out inner darkness, grant, we pray You, that in the light of Jesus the Christ, we may understand that You love us and call us to an eternal life in You. Let the light of Christ search our souls and scatter our darkness. Grant us the courage and faith to believe that when we turn to You, Christmas will not vanish, Your love be hollow. Thank You that You so loved us that You gave us Your only Son that as we believe You, we will not perish but have life. Thank you for CHRISTMAS."

CHRISTMAS DAY MENU 1972

Tomato Juice Cocktail New England Clam Chowder

PRIME ROAST OF BEEF/
YORKSHIRE PUDDING

BAKED CORNISH GAME HEN/
SAGE DRESSING

BAKED HAM WITH PEANUT BUTTER GLAZE

Snowflake Potatoes Cheesed Broccoli
Southern Style Sweet Potatoes Corn on the Cob
Green Peas with Mushrooms

Confetti Salad

Holiday Pear Salad

Apple Pie Brandied Fruit Cake

Butter

Parkerhouse Rolls Assorted Bread Saltines

Coffee Tea Milk Coke Sprite Orange Fresca

Candy Mixed Nuts Fresh Fruit

"JACKSONVILLE DAILY NEWS" 26 January 1973 Lejeune hospital will receive returned POWs

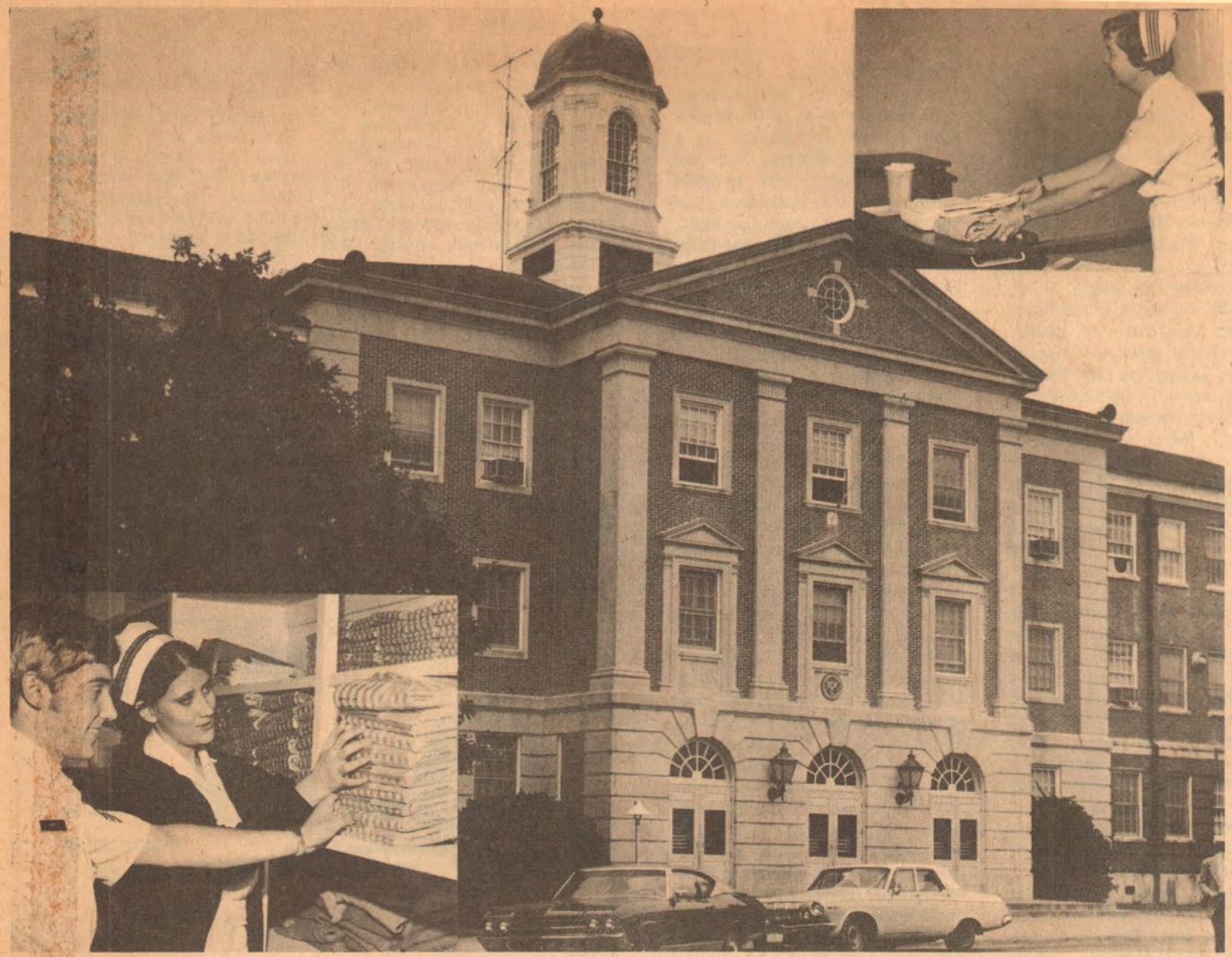
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Returned personnel will travel by U.S. military aircraft from the point of release to a joint central processing center to be located at Clark Air Base.

At Clark, returnees will receive an initial medical evaluation, make telephone calls to their families and be fitted with new uniforms.

As soon as an individual is medically fit to continue movement to the United States, he will travel by military medical-evacuation aircraft to one of the designated 31 service hospitals.

Returnees will, in most cases, be evacuated to a hospital of their own service near their homes.



Hospital prepares for POWs

Ward 19 at the Naval Hospital at Camp Lejeune today was bustling with activity as personnel were busy getting it ready to receive prisoners of war from Viet Nam. The hospital here is one of 31 hospitals designated to receive returning U.S. prisoners of war and missing personnel. Newsmen from this area today visited Ward 19 and were given a briefing on the activities and plans for the returnees. The ward is normally an 18-bed ward with single rooms and some with two beds. The rooms that were ready were painted in soft pastel colors and were complete even with color television in the rooms. Hospital spokesmen said the returnees would be flown here after they had been processed at a joint central processing center at Clark Air Base. It is expected that most of the men who will be sent here will be men whose homes are near this hospital. Close relatives of the returnees will be brought to Camp Lejeune at the expense of the government for reunions with their husbands, fathers or sons. The length of their stay at Lejeune will depend on their medical condition.

COMMANDER DORIS Hooder, assistant chief nurse, (top, right), and HM Alan Patz and Nurse Loyce Kennedy (bottom, left) are busy helping get things ready at the U.S. Naval Hospital for returning POWs. The hospital at Camp Lejeune is one of 31 hospitals selected to receive POWs. (Staff photo by Nelson Calhoun)

"JACKSONVILLE DAILY NEWS" Sat., 27 January 1973

CAMP LEJEUNE GLOBE - 1 FEB. 1973
JACKSONVILLE DAILY NEWS - 5 FEB. 1973

Lejeune set as 'homecoming' site

The Naval Hospital here is one of 31 hospitals designated to receive returning U.S. prisoners of war. Clark Air Base in the Philippines will serve as the initial reception point. Return personnel will travel by U.S. military aircraft from the point of release to a joint central processing center located at Clark Air Base. At Clark, returnees will receive an initial medical evaluation, make telephone calls to their families and be fitted with new uniforms. As soon as an individual is medically fit to continue movement to the U.S., he will travel by military medical evacuation aircraft to one of the 31 service hospitals. Returnees will, in most cases, be evacuated to a hospital of their own service near their homes. Hospital destinations for specific individuals will be announced by a Joint Information Bureau at Clark Air Base as individual returnees depart Clark for the U.S.

POWs C. Lejeune will host families

LiCol. Lee Preble, liaison officer between press and POWs scheduled to arrive in the near future at Camp Lejeune Naval Hospital, announced today that more facilities have been made ready for the returning prisoners. The Defense Department announced early last week that all POWs would arrive at Clark Air Force Base and then be sent to 30 military hospitals throughout the country. Camp Lejeune Naval Hospital was chosen to be one of special facilities for the POWs and a 17 bed ward was prepared for the men. Each room is equipped with new furniture, color television, telephone, and everything possible to make the former POWs comfortable and still have hospital facilities. Today Preble announced that an information office, a press center, and a family room have been made available at the hospital. The information office is now in operation and will be the center of all news releases once the former POWs arrive. It has been announced that interviews with the former prisoners will be allowed but that the health of the former POWs will be the first consideration. Press facilities for the many news media expected to cover the POWs return have also been made ready. Preble stressed that all facilities are flexible and can be expanded if necessary. The POWs first reunion with their families will take place at the hospital and a family room has now been provided to take care of the needs at that time. The service has also taken the responsibility of bringing the families of the former prisoners to Camp Lejeune and the families will be housed on base until the POW is ready to return home with them.

—DON BRADY

JACKSONVILLE DAILY NEWS - 8 FEB. 1973

Lejeune preps welcomes for our returning POWs

By DON BRADY
Daily News Staff

According to officials handling the return of prisoners from Hanoi, many people have been calling Camp Lejeune and asking what people in Onslow County can do to help the returning POWs and their families. According to LiCol. Lee Preble, liaison officer between press and POWs, there really isn't anything tangible the community can do at this time. He explained that complete facilities have been made ready for both the returning POWs and their families. He further noted that possibly the best thing we can do for them is to let them spend as much time together as possible. Each POW will be provided a private hospital room equipped with color TV and a telephone. The families will be allowed to visit in the room at any time, except when the returning POW is being examined by a doctor. The Daily News invites anyone interested in doing something for these POWs to take part in project "thank you." Project "thank you" allows the community to write letters thanking the POWs for the sacrifices they have made. It is a completely open project which allows one to write to anyone involved. All letters must be signed. Some people may want to write a special letter to the wives of the POWs while others will want to write directly to the returning men. These men did not start the war in Vietnam but they have suffered a great deal of pain. If the community can show true concern for them, it may make their transition easier. Letters received at the Daily News will be published in the paper and copies of the paper distributed to the returning prisoners and their families. Also the actual letters will be placed in the POWs hospital ward for them to read. Address all letters to the Daily News, P.O. Box B, Jacksonville, N.C.



CASH AWARDS - 8 FEB. 1973

Left to Right - Emerson ROBERTS, John JONES, O. D. MATTOCK, Essie HARGETT, Maybell FRYAR, CAPT PETERS, Lily ODOM, Sarah THOMPSON, Nancy ANDERSON, Mary BOYD, Kate PARKER, Cecil WELLS, and James DEANS.



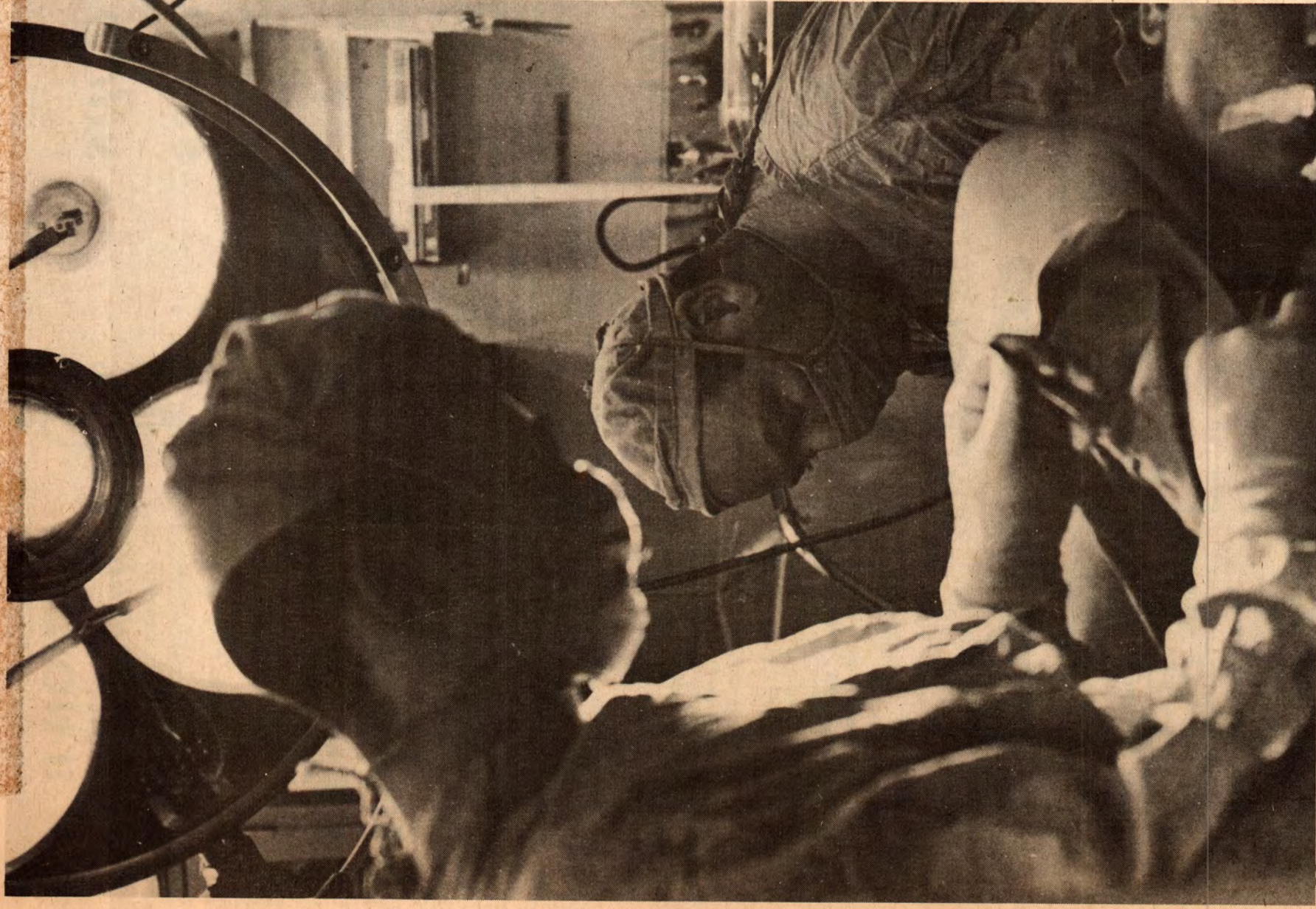
QUALITY SALARY INCREASES - 8 FEB. 1973

CAPT PETERS, Earsey MARKS, Mary BANKS, Linda WINBERRY, Nancy HALL, Pearl ROBINSON, Warren WHALEY, Jean SMITH, Mary Lou RINGLER, Barbara EDGE, Lou Ann BYERS, Ruby CHAMPION, Dimmie DENNIS, Sandra COAN, and Patsy HULL.



LENGTH OF SERVICE AWARDS - 8 FEB. 1973

Left to Right - Fay MEADOWS, Charlotte GLASPIE, Matthew HART, John JONES, CAPT PETERS, Lily ODOM, Patsy HULL, Alvin MOORE, and Lucille CRAUN.



Navy Medical Corps celebrates 102d

By PFC Chuck Fries

Navy doctors celebrate the 102nd anniversary of the Navy Medical Corps Saturday. Anniversary celebrations are planned at many naval medical facilities.

Medical Corps officers of the Camp Lejeune complex will celebrate the anniversary with a dinner dance at the Paradise Point Officers Club on Thursday, March 8.

An Act of Congress in 1871 established the Medical Corps as a staff corps and prescribed the relative rank of Navy physicians. The same act designated the senior naval physician as the Surgeon General. Navy doctors, however, had been serving with the fleet since the early days of America's history.

The first naval surgeon to go to sea went aboard the sloop Alfred in 1775 — to serve with a young lieutenant named John Paul Jones. Even before the United States Navy was firmly established, these early Navy doctors were serving aboard ships with names familiar to every American: the CONSTITUTION, CONSTELLATION and the UNITED STATES. They were called surgeons or surgeon's mates, depending upon the level of their education and skill. They were few in number, but they saw considerable action in the Revolutionary War, the War Against the Barbary Pirates and later, the War of 1812.

Congress, in 1828, prescribed more stringent standards for the selection of Navy physicians. The term "surgeon's mate" became "assistant surgeon." The act provided that "no person shall receive the appointment of assistant surgeon in the Navy of the United States, unless he shall have been examined and approved by a board of naval surgeons who shall be designated for that purpose by the Secretary of the Navy Department." Navy medicine had taken a big step forward, but there remained much to do.

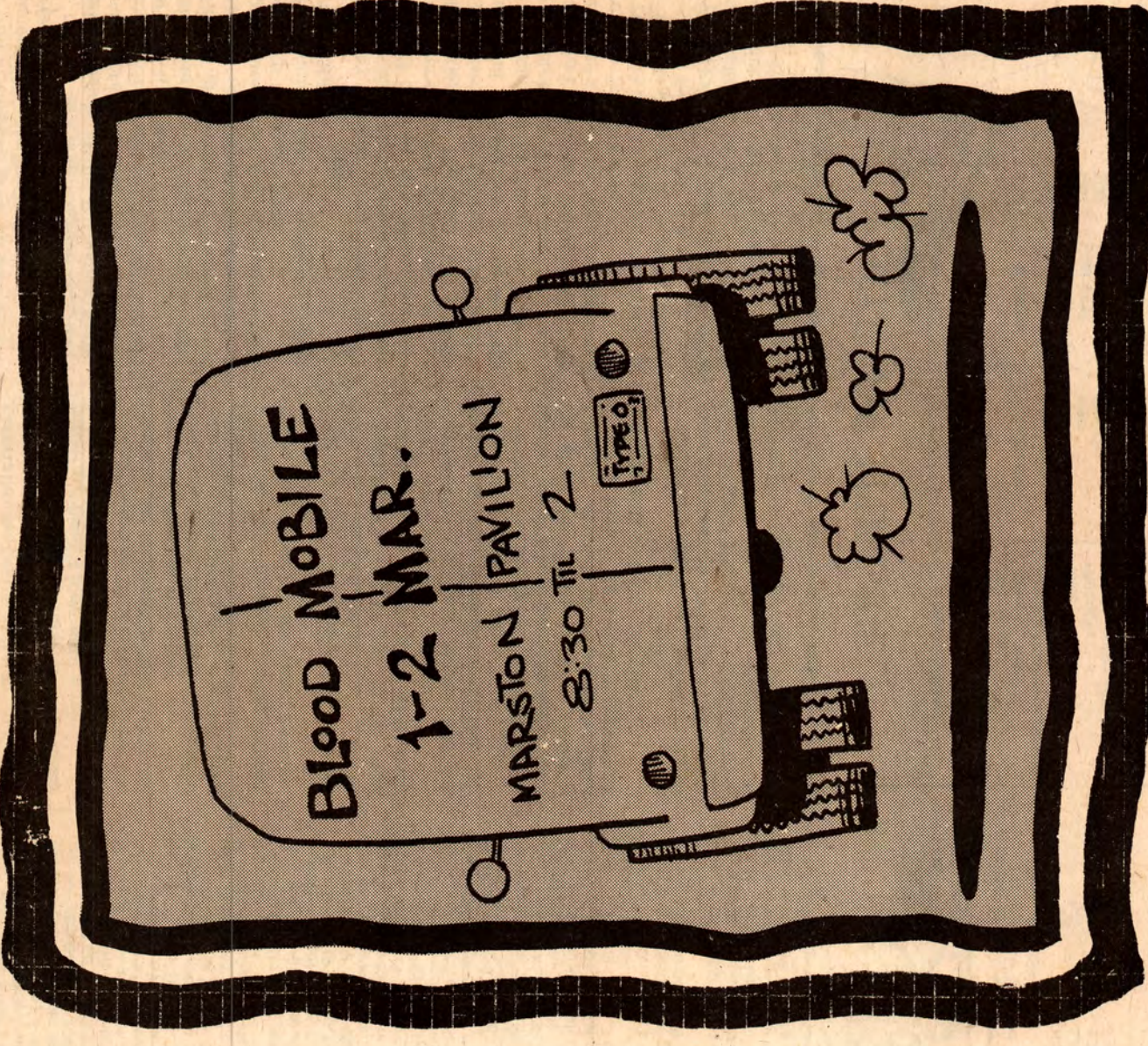
In 1842, another Act of Congress established five bureaus at the Navy headquarters level; among those established was the Bureau of Medicine and Surgery which is the only one of the five to retain its original name. The Navy Medical Department, as it exists today, came into being; but it was not until 29 years more had passed that doctors became officers of the Medical Corps.

In 1871, when the Medical Corps was established, there were 154 doctors on active duty. For 96 years, their predecessors had been primarily concerned with the treatment of battle casualties and Civil War period brought the first of many changes in their duties and responsibilities.

The practice of naval medicine has advanced considerably in the 100 years since Navy doctors first had a corps to call their own. Their



Vietnam photos by G/Sgt. Bruce Martin



March 1, 1973

Globe

March 1, 1973

Globe



LAST STOP — Mrs. Linda Haag and her son Jason make a last stop at the pharmacy where HM3 David Hernandez fills their prescription.
Photos by Sgt. W.S. Barleston

Geiger Dispensary Plans Expansion of Services

Services offered at the Camp Geiger Dependents Clinic will be expanded Monday, medical authorities said here last week.

The expansion will allow all active duty dependents who live south and west of the New River to use the facility. In the past, only dependents actually living on the Air Station or Camp Geiger Trailer Park were entitled to use the facility.

Captain Earl R. Peters, director and commanding officer of the Naval Regional

Medical Center at Camp Lejeune, indicated the service would operate just as before. No changes will be made in operating hours or type of treatment offered. The Clinic is open from 10 a.m. until noon and from 1 until 4 p.m.

Medical authorities said visits may be scheduled by calling 451-0322 (0371, 0558 or 0105). Patients are encouraged to call for a time to be seen.

Walk-in patients will be assigned to the earliest available time, except for

emergencies, authorities said. Schedules for first visits will not be made prior to the afternoon of the day preceding the day a patient wishes to be seen. If there is a vacancy the caller may be seen the same day.

Schedules for follow-up visits will be made before a patient leaves the Dispensary and these follow-up visits will be limited to one-third of the scheduled visits for any day. Clinic officials stressed, however, the importance of notifying the Dispensary of any appointment cancellations as soon as possible. This will allow them to give the time slot to another caller.

Patients are asked to be at the Dispensary 15 minutes ahead of their appointment time. Medical authorities say those who arrive even earlier than that will still have to wait until their appointed time.

(See Geiger Dispensary p. 3.)

WEDNESDAY, MARCH 7, 1973

MCAS NE

Geiger Dispensary Expanding Services

(Cont. from p. 1)
Patients arriving at the Clinic are required to register at the reception desk. Those with appointments will find their medical records already waiting for them.

The type of care available at Camp Geiger will continue to be limited by facilities and availability of people, officials said. They intend to provide the type of care normally provided in a general medical practice available for all ages. If consultation with a specialist is required, they pointed out, arrangements for the patients will be made at the hospital. Authorities at the Clinic will attempt to have patients seen by the same physician on each visit.

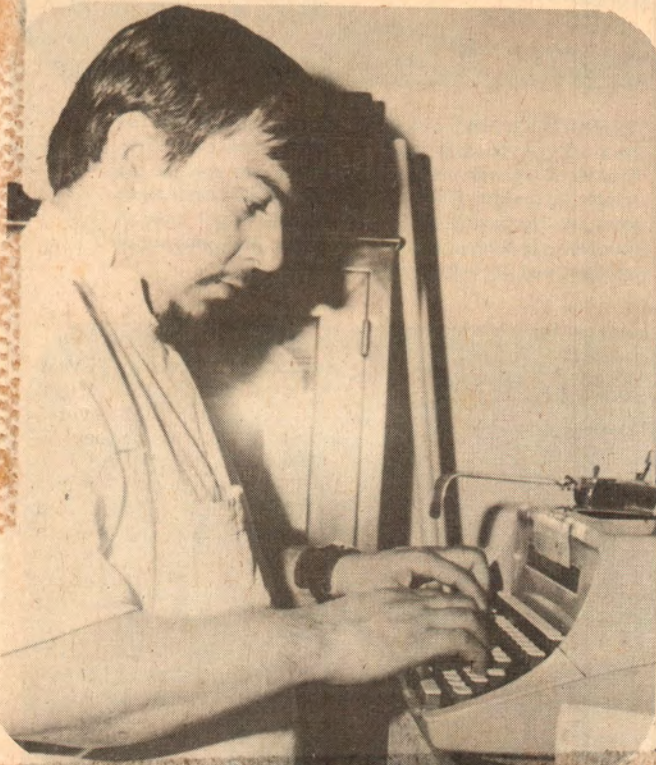
"This improved service of bringing medical care to population centers will benefit patients many ways," Capt. Peters said. "Reduced travel time and waiting time to see a physician will be an asset to all patients," he added.

Those not entitled to seek care at the Camp Geiger Dispensary because they live in an area not included in the "area of entitlement" must

continue to seek care from the outpatient department at the Naval Hospital, or at the Tarawa Terrace Clinic if they live in Knox Trailer Park or Tarawa Terrace.



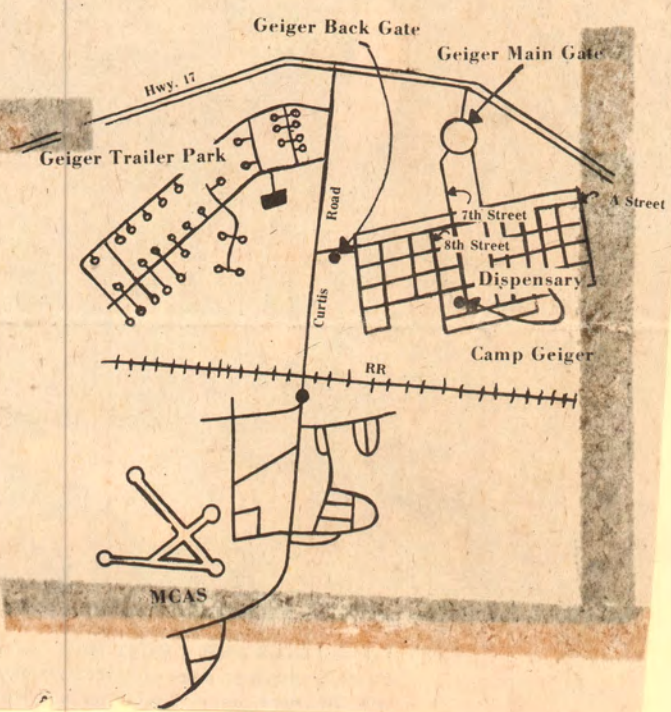
RECORDS FIRST — Mrs. Ann G. McClain, the wife of Capt. Kenneth M. McClain, S-1 officer at HMA-260, checks in at the new Camp Geiger Dispensary with the help of HN Gregory H. Quick.



LET'S SEE, ONE BOTTLE — HM3 David Hernandez takes care of pharmaceutical needs at the Camp Geiger Dispensary.



IT'S COLD, DOC — Jason Haag doesn't seem to care too much for the cold end of the stethoscope. Lt. Jonathon S. Krauss, Regional Medical Officer, checks the lad's respiration and heart beat during a routine check-up.



Geiger Dependents Clinic expands services

The Camp Geiger Dependents Clinic will expand its services effective March 12, according to Capt. Earl R. Peters, MC, USN, Director-Commanding Officer of the Naval Regional Medical Center.

Services will be made available to all active duty dependents who reside south and west of New River. Previously, only dependents residing aboard MCAS, New River or in the Camp Geiger Trailer Park were entitled to use the Geiger facility.

There will be no changes in operating times or types of treatment offered. Patients are encouraged to call for appointments at 451-0322-0371-0558-0105. Walk-in patients will be assigned the earliest available time except for emergencies.

Schedules for first visits will not be made prior to the afternoon of the day preceding the day the patient desires to be seen. If there is a vacancy, the patient may be seen the same day she calls. Schedules for follow-up visits will be made before the patient leaves the clinic and those visits will be limited to one-third of the scheduled visits each day.

Persons unable to make scheduled visits are asked to

notify the clinic so that others may be scheduled for that time.

Patients should be at the clinic 15 minutes prior to their scheduled appointment. They should check in at the reception desk where a Dependent Medical Records will be available if an appointment has been made.

The type care available at Camp Geiger will be limited by facilities and availability of personnel. It's intended that care provided will be the type normally provided in a general medical practice available for all ages.

If consultation with a specialist is required, arrangements will be made for the patient at the Naval Hospital. It's hoped that patients will have the same physician each time they visit the Clinic. Bringing dependent medical care to populated centers will benefit the dependents in reduced travel and waiting time.

Those not entitled to medical care at Camp Geiger, must continue to seek care from the Outpatient Department at the Naval Hospital. Residents of Tarawa Terrace and Knox Trailer Park are eligible for care at the Tarawa Terrace Dependents Clinic.

7 MARCH 1973 - ROTOVUE



8 MARCH 1973 - CAMP LEJEUNE GLOBE



102nd MEDICAL CORPS BIRTHDAY





102nd MEDICAL CORPS BIRTHDAY
8 MARCH 1973





PERSONNEL INSPECTION
9 MARCH 1973



9 MARCH 1973 - HM2 WORTHINGTON -
GOOD CONDUCT AWARD



13 MARCH 1973 - HM3 BRICKLEY -
RE-ENLISTMENT



23 MAY 1975 - HM2 THORNE - REENLISTMENT



23 MAY 1975 - PRESENTATION OF CIVILIAN PERSONNEL AWARD TO MRS. BATSON



27 MAY 1975 - HMC NEWTON - REENLISTMENT



27 MAY 1975 - HM3 HILL - REENLISTMENT



28 MAY 1975 - HM3 SANJO - REENLISTMENT



28 MAY 1975 - HM3 WILSON - REENLISTMENT



30 MAY 1975 - ENS BRIDGERS PROMOTED TO LTJG



30 MAY 1975 - PROMOTIONS - ENS DOBNIKER AND ENS HOLMES PROMOTED TO LTJG.



2 JUNE 1975 - HMC WISER - REENLISTMENT



4 JUNE 1975 - ENS ARSENAULT PROMOTED TO LTJG



4 JUNE 1975 - ENS FOYE PROMOTED TO LTJG



4 JUNE 1975 - ENS PIERCE PROMOTED TO LTJG



6 JUNE 1975 - DR. DAY - PROMOTED TO COMMANDER



9 JUNE 1975 - FROCKING OF COMMANDER
PROTO TO CAPTAIN



9 JUNE 1975 - MS1 SANTOS -
REENLISTMENT



9 JUNE 1975 - DR. BYERS PROMOTED TO
LIEUTENANT COMMANDER



12 JUNE 1975 - DR. WELCH PROMOTED
TO COMMANDER



16 JUNE 1975 - ENS RASTOCK PROMOTED
TO LTJG



17 JUNE 1975 - LETTER OF APPRECIATION
PRESENTED TO HM1 TURNER.

Camp
Lejeune

GLOBE

Thursday, June 19, 1975
Volume 31, Number 25

Navy Hospital Corps 77th Birthday

"To help save him and any others"

Today marks the 77th birthday of the U.S. Navy's Hospital Corps. From the sterile operating room to the sweating filth of the jungle, at the joyous moment of birth or in the sadness of death, the Hospital Corps is there, an essential part of the Naval service.

The evolution of today's Hospital Corps spans over two centuries, originating with John Wall, the Navy's first Loblolly boy, who served aboard the frigate U.S.S. Constellation during the undeclared war with France in 1799, to today's contemporary Hospital Corpsman.

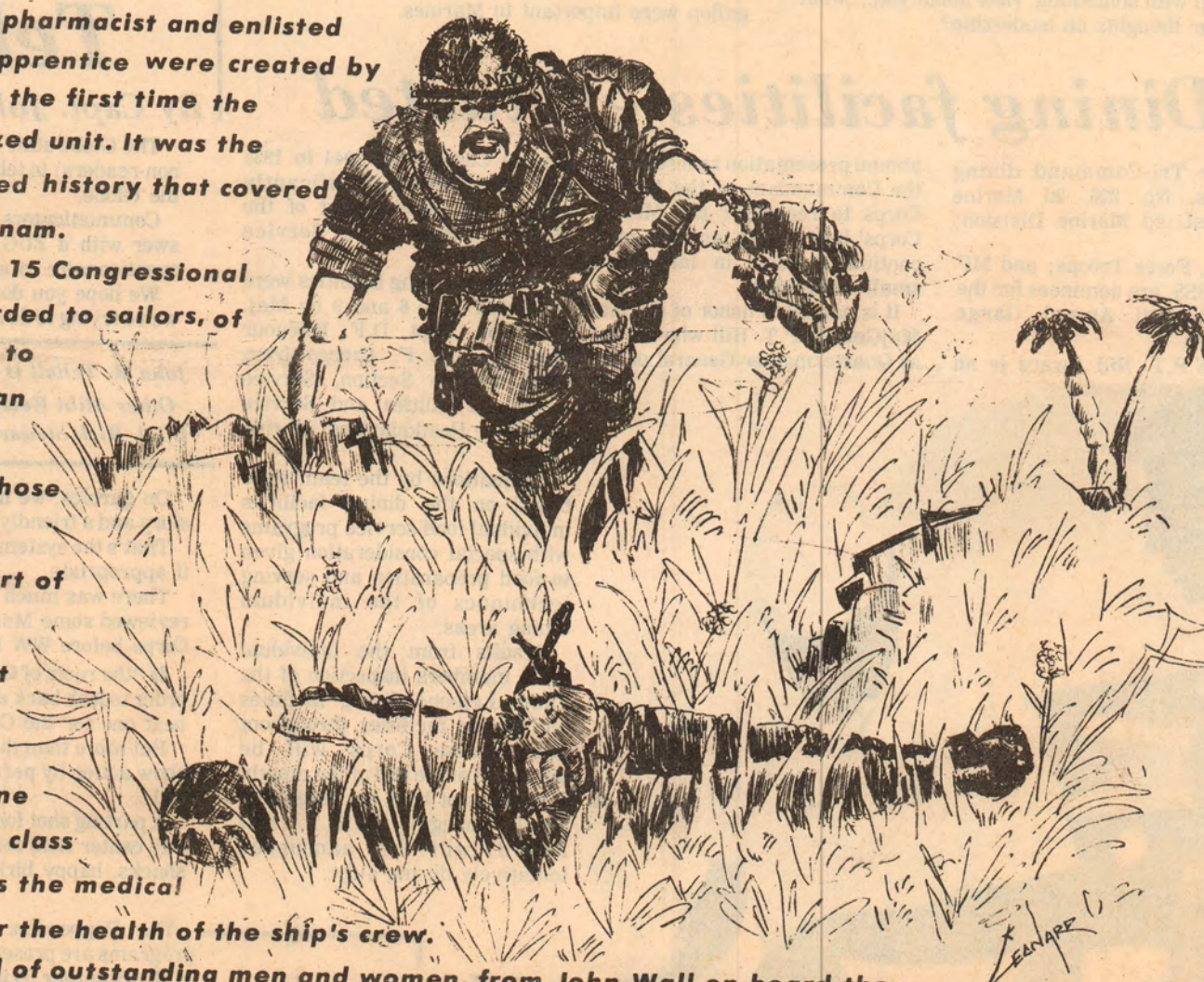
In 1898, the warrant rank of pharmacist and enlisted ratings of hospital steward and apprentice were created by an act of Congress, which marked the first time the Hospital Corps became an organized unit. It was the beginning of a long and glory-filled history that covered both World Wars, Korea, and Vietnam.

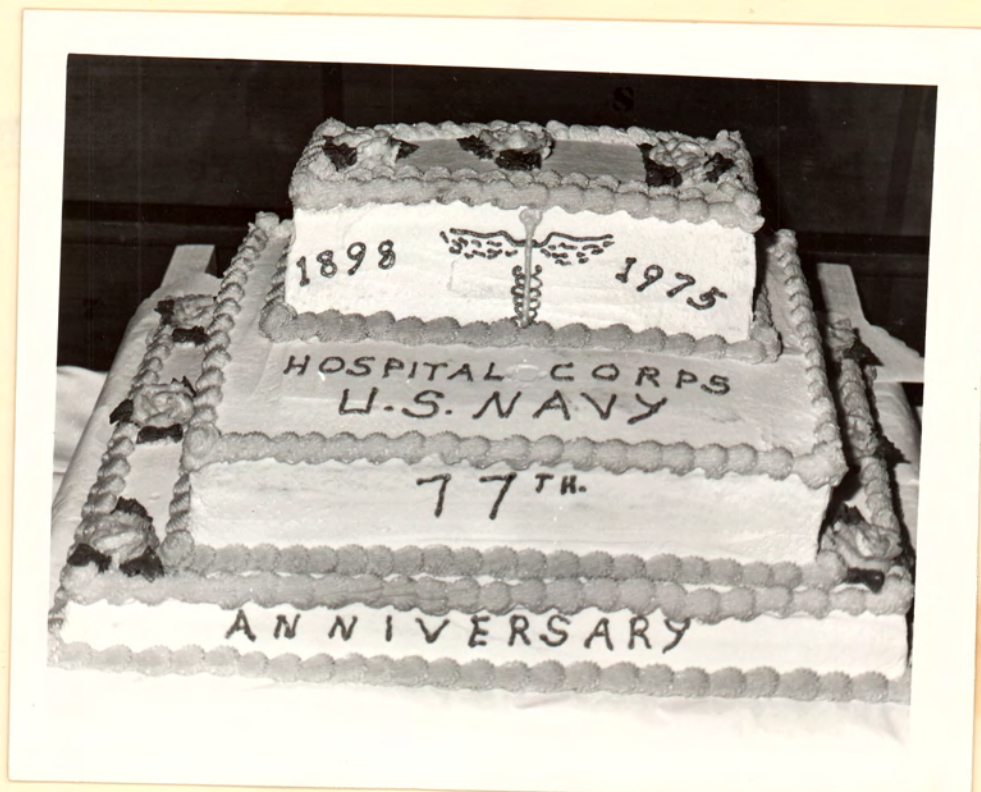
During World War II, a total of 15 Congressional Medals of Honor (CMH) were awarded to sailors, of this number, seven were awarded to Corpsmen. Again during the Korean Conflict, of the seven CMH which were awarded to sailors, five of those were to Corpsmen. Vietnam once again proved that courage was part of the Corpsman's 782 gear.

On board ships and in the Fleet Marine Force, Hospital Corpsmen perform as public health officials and accomplish tasks generally done by physicians and nurses. On small class ships, the independent corpsman is the medical detachment, totally responsible for the health of the ship's crew.

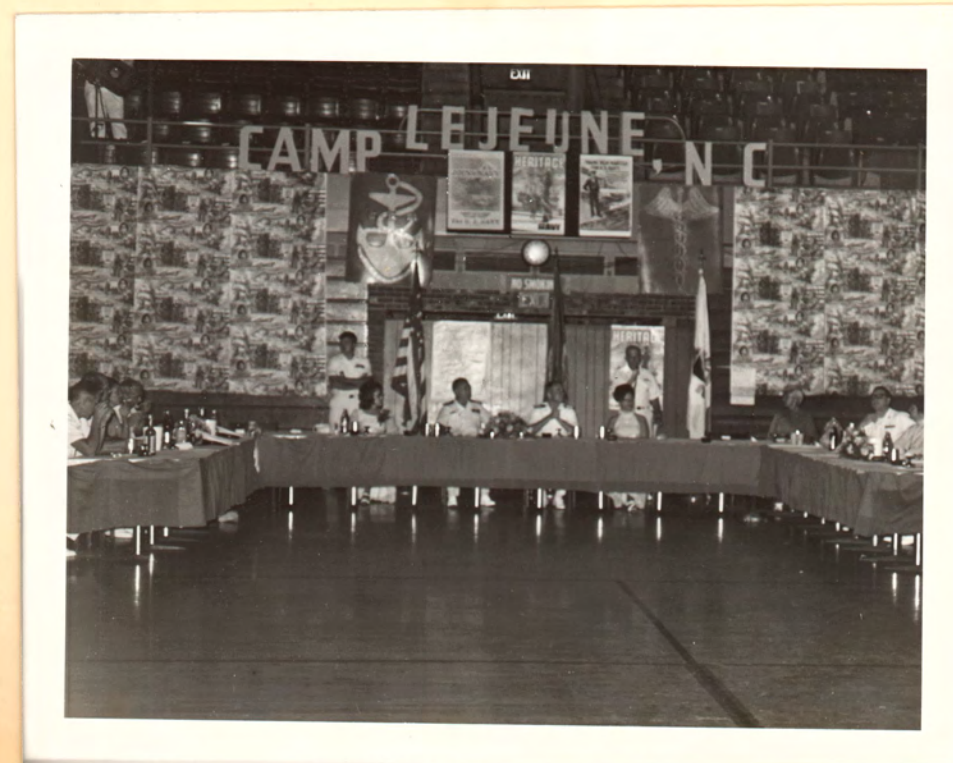
The Hospital Corps is composed of outstanding men and women, from John Wall on board the Constellation, to those Corpsmen who assisted in "Operation Babylift" and the rescue of the Mayaguez crew. In time of war or peace, there is no greater compliment for corpsmen than to be called "Doc". It is an honor not easily earned, but well deserved.

"Someday I will see before me a wounded Marine. I will think of all kinds of things but my training has prepared me just for this moment. I really doubt if I will be a hero but, to that Marine, I will be God. I am hoping that no one will die while I'm with him. If he's wounded in the middle of a rice paddy, you can bet your bottom dollar that, with whatever God gave me for power, I will try, until my life is taken, to help save him and any others." These thoughts were written by HM2 Chris Murphy to his mother while undergoing training at Field Medical Service School. HM2 Pyle was fatally wounded in action, but these stirring words stand as tribute to all the gallant sailors who serve as Hospital Corpsmen.





19 JUNE 1975 - HOSPITAL CORPS BIRTHDAY





30 JUNE 1975 - RETIREMENT - CWO CLANTZ AND 1ST SGT MC EHANY

Where have all the doctors gone???

By Cpl. Mario Palacios

Is there a doctor in the house? This over used cliché, usually meant to be funny, may not be so hilarious for military personnel and dependents here at Camp Lejeune.

During the past year, just about every issue of service oriented publications has carried some type of publicity concerning the military health care crisis.

Because of the drastic drop in the number of Navy General Medical Officers (GMO's) currently on active duty here, some patients may have long waits to see a physician.

The Family Practice Clinic and the Pediatric Clinic at the Naval Regional Medical Center here were among the first to be affected by the doctor shortage.

Appointments at the Family Clinic were discontinued May 30, and all dependents are now attended on a walk-in, first-come-first-serve basis.

At the Pediatric Clinic, appointments were also discontinued this month. Also dropped for lack of doctors were the routine six-months and one-year well baby check-ups.

Dependents Clinics at Tarawa Terrace and Camp Geiger had to be closed during May making it necessary for dependents to travel to the NRMC to be treated.

However, active duty military personnel and male civil service employees continue to be seen at Camp Geiger on a 24 hour daily basis.

And the trend continues. Regimental dispensaries and the main dispensary at Building 15 are among the hardest to be hit by this crisis.

Last week, there were 18 GMO's dispersed throughout the main and regimental dispensaries. During the latter part of this month, the number will be reduced to five. But that isn't all. Of these five, only two will remain here because three will be committed to operational commitments.

What's the cause of this problem? According to Lt. (j.g.) Dave Daniel, Assistant Chief of Dispensary Service, the biggest reason for this shortage of GMO's is connected with the termination of the draft.

"Since the draft ended in 1973, the

strength of GMO's in the Navy has dwindled considerably," he said.

He explained that while the draft was still in practice, a deferment from military duty was given to persons undergoing studies in medical schools.

"Upon completion of their schooling," said Daniel, "they had a two-year military obligation to fulfill."

According to Daniel, the military stock of soon-to-graduate physicians with service obligations has almost diminished. Soon, all the medical officers in the military will be those coming in on a voluntary basis.

"Graduating students turn to establishing a private practice of their own for many reasons, but mainly, they feel they can make a great deal more money on the outside than in the military," said Daniel.

An immediate measure is currently being employed here at Camp Lejeune to alleviate this problem. Medical screeners, comprised of specially selected enlisted Hospital Corps personnel, now work under the direct supervision of the remaining

physicians.

These medical screeners receive intensive training in initial patient care and will often be the first contacts for a patient.

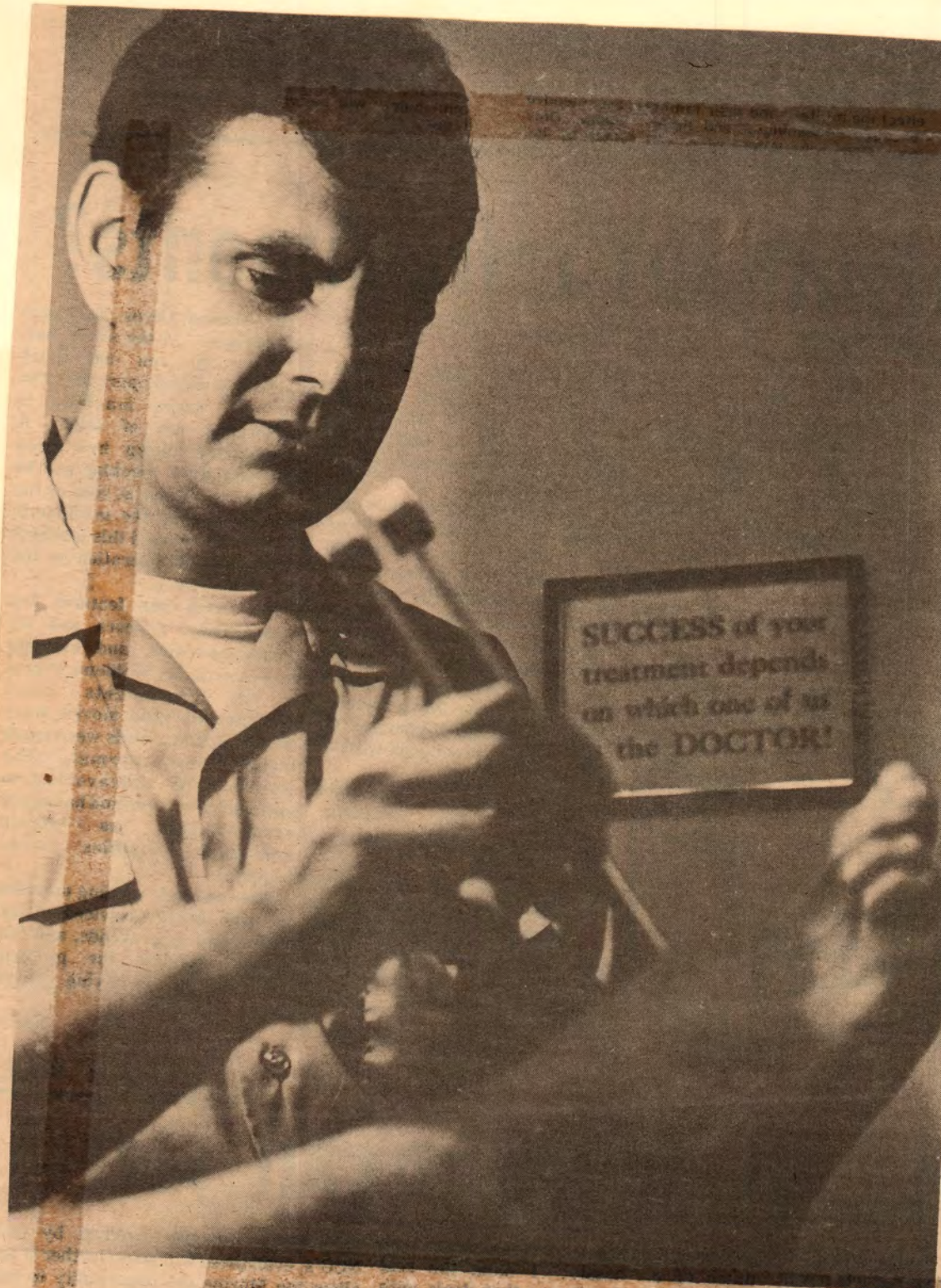
In general, they interview patients, record their current complaints and medical history, conduct a preliminary physical examination and order necessary medical procedures to confirm the suspected diagnosis. But most important, they determine whether or not the patient really needs to see a physician.

"That is our biggest problem," said Daniel, "especially with the troops. A large percentage of military personnel wanting to see a physician appear to have very little wrong with them."

Time is very precious for a doctor according to Daniel. Visits to the dispensary or hospital should be made only when absolutely necessary.

"There will be relief coming in and most of the gaps will be filled by August when we can once again resume normal operation," he said.

"CAMP LEJEUNE GLOBE" 6/26/75



FEEL THAT? — Lt. (Dr.) Albert D. Saleker tests nerve endings in a patient's foot, using a tuning fork. Saleker, one of only 12 Navy podiatrists, treats up to 60 patients a day.

Podiatrist

Give him a foot and he'll make it toe the line...

Story and photo by LCpl. Joe Curran

The tools of his trade are a tuning fork, a small rubber mallet, a hand-held electric buffer and stainless steel scissors. No, he's not a piano repairman. He's a Navy doctor, but not part of the Medical Corps.

He has treated Patricia Nixon, Mamie and Julie Nixon Eisenhower, Chief Justice Warren Burger, 13 Congressmen, four Senators and numerous foreign dignitaries. Those who come to see him recline in seats resembling elevated psychiatrist's couches, but he works at the other end.

Many civilian practitioners in his field make more money than he, but he doesn't seem to mind. He measures success in feet.

Lt. Albert D. Saleker, United States Navy Medical Service Corps, is a doctor of Podiatric Medicine, or a podiatrist, known to most as a foot doctor.

120 feet per day

He treats up to 60 Marines and dependents, or 120 feet, every day in his office at the Base Dispensary. Most of those feet are afflicted with such ailments as athlete's foot, ingrown toenails, flat feet, sprains, strains, blisters, hammer toes, bunions, heel spurs, fractures, shin splints, and the bread and butter of podiatry, corns and callouses.

Some carry diseases with grizzly names like Haglund's deformity, intractable plantar keratosis, Morton's neuroma, onychia, Talipes equinus and scaphoiditis. He examines feet with six toes, four toes and the usual five, while others are deformed, snarled and inflamed.

At first glance, Dr. Saleker's work might seem to be a smelly affair to some, but he appears to enjoy himself as he smoothly copes with his patient load, treating case after case. To the observer, each patient's problem seems to be the same as the next as the doctor deftly examines each foot, gives each Marine a heavy, encouraging slap on the knee and issues to each his pragmatic cures.

He claims his skills to be particularly essential to hill-humping, road-working Marines.

30,000 steps a day

"The average Marine takes 30,000 steps every day. If that seems to be quite a bit, consider that over the course of those 30,000 steps, a weight of 900 tons is placed upon each foot," declared the former hospital corpsman. "With all those people walking all those steps and putting all that weight on all those feet," he sighed, "there's bound to be some problems."

"That's where I come in. I keep the Marines on their feet."

Because of his "keeping 'em on their feet" policy, many Marines seeking a day off the job look upon the doctor as a miserable heel. Except in the more severe cases, the chit which the trooper brings back to his unit invariably reads "to duty."

"What good is a Marine Corps if they're all on light duty or clogging the hospital corridors instead of getting up, moving and doing their job?" he retorted.

"CAMP LEJEUNE GLOBE" 6/26/75

Military foot care directive

He has written a brief directive for military foot care which he urges Marines to follow. According to his advice, feet and socks should be kept clean and dry. Wool socks should be worn in the winter and cotton in the summer. He stresses the importance of properly fitting shoes and boots and in an era of corfam and patent leather shoes, he encourages his patients to stick with the time-tested leather.

The high gloss and low maintenance qualities achieved through the authorization of synthetic leather offers a convenient relief to the long hours which add up in spit shining the traditional "issues." Hence, most choose the plastic and they do so at the expense of their feet, the doctor acknowledged.

"During the day," he explained, "the feet expand but corfam shoes don't expand with the feet and they don't allow the feet to breathe. When your feet cannot expand and breathe, you can develop some foot problems, namely hammertoes, ingrown toenails and heel spurs."

Podiatric consultant

While in the Nation's Capital, Saleker served as the podiatric consultant to the U.S. Naval Academy. The administration was planning to begin issuing the synthetic shoes to midshipmen, but he advised them of the consequences (the eventual yearly losses in feet) and the idea was abandoned.

Dr. Saleker is one of only 12 Navy podiatrists and therefore is one of the very few who observes firsthand charred and damaged leatherneck feet. Much of the damage is the result of the friction generated when Marines wear the issued nylon screen-type insoles in their boots.

"If you want to see what they can do to an unprotected foot, rub your fingers over them for a few minutes and see what happens," he said. The fingers eventually become burned.

A Marine might walk 80,000 miles in his life, and much of those miles are probably travelled with the feet scraping against the rough insole. To prevent charred and blistered feet, the doctor urges a softer, cushion-type insole.

Referring back to the subject of leather versus plastic, he pointed out that the advantages of leather are comfort and a longer shoe life.

"Look at mine," he said, pointing to a well-worn pair of brown issues. "They have at least 2,000 miles on them and they're still good as new."

Bellbottoms are out

NORFOLK, Va. (UPI) — The U.S. Navy is discarding a tradition — its century-old uniforms of bell-bottom trousers, jumpers and neckerchiefs and white caps.

Beginning Tuesday, most sailors will wear a coat and tie ensemble with a visored cap similar to those worn by officers. Open-collared white shirts with short sleeves will be a summer option.

But Navymen who will be discharged within a year will be allowed to continue wearing their old uniforms as a reminder of the Navy's past, ensuring that the traditional garb will survive at least until the Bicentennial.

The old uniforms, first worn after the Civil War, had stars and stripes on the jumper flap and stripes on the cuffs, and represented a romantic era immortalized in such shows as "South Pacific" and "Anchors Aweigh" and by cartoon characters such as Popeye.

Before 1866, sailors were at liberty to design their own combination of stars, stripes,

anchors, piping and other decorations.

The neckerchiefs were originally worn to protect the uniform from the tar that the old-time salts used on their pigtails. Pigtails went out of style about 1810, but the neckerchiefs hung on.

Also bound for extinction is the 13-button front flap on sailors' trousers, which some said represented the original colonies. Some found the buttons a nuisance, others an embarrassment.

The new uniforms require more storage space than the old ones, which could be folded or stowed. The Navy recently spent \$400,000 to tear out the old ship lockers on the new super-carrier U.S.S. Nimitz and put in new ones at a cost of \$45 each.

Surveys have indicated that some sailors aren't for the change in uniforms. But the true test may be how well the new garb goes over with sailors' sweethearts, who, according to legend, showed such a susceptibility to the traditional dress.

"JACKSONVILLE DAILY NEWS" July 1, 1975



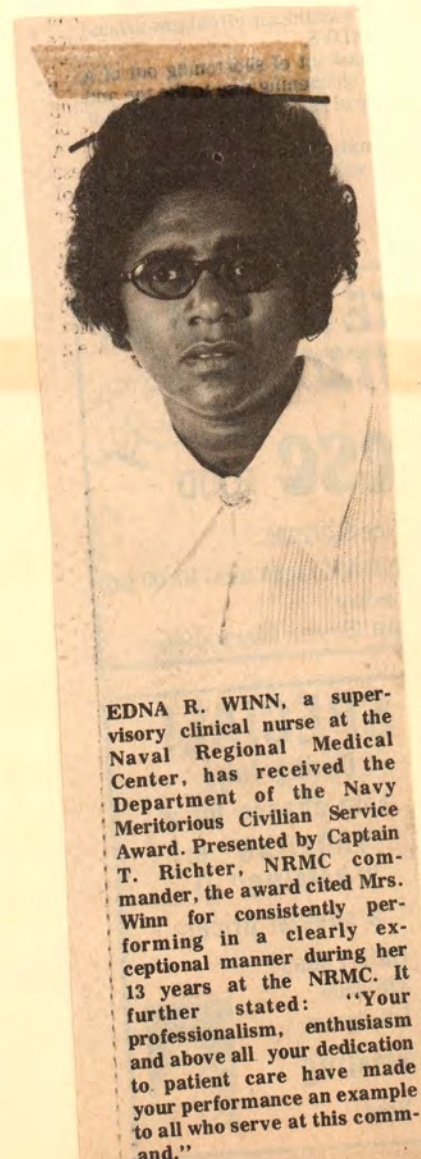
1 JULY 1975 - HMCM GALBRAITH - LETTER OF APPRECIATION

WEDNESDAY, JULY 1, 1975

"JACKSONVILLE DAILY NEWS"



THE U.S. NAVY is discarding its century-old uniforms of bell-bottom trousers, jumpers with neckerchiefs and white caps for its enlisted personnel as seen in this Navy model on the right. Beginning yesterday most sailors will wear a coat and the ensemble with a visored cap similar to the Chief Petty Officer's uniform being modeled at left. The old style uniform was first worn after the Civil War.



EDNA R. WINN, a supervisory clinical nurse at the Naval Regional Medical Center, has received the Department of the Navy Meritorious Civilian Service Award. Presented by Captain T. Richter, NRMC commander, the award cited Mrs. Winn for consistently performing in a clearly exceptional manner during her 13 years at the NRMC. It further stated: "Your professionalism, enthusiasm and above all your dedication to patient care have made your performance an example to all who serve at this command."

"JACKSONVILLE DAILY NEWS" July 2, 1975



HOSPITALMAN First Class Jerry McSwain lectures screener candidates. The screener course includes six weeks of classroom work and four weeks of training in specialty clinics. (USMC photo SSGT. Margarette Chavez)

Corpsman

They earn name

CAMP LEJEUNE — "Doc, over here!"

With medicine bag in hand, a man scurried across a mine-sown rice paddy to answer the call.

Only he was no doctor. He was a young sailor who had invested long hours learning to patch Marines, a dedicated individual who wanted to provide the best possible care, even under adverse conditions.

He was a Corpsman. After the draft ended, the threat of a doctor shortage became a reality for the Navy. The constant seepage of servicemen into civilian life dropped medical resources to a dangerously low level.

Naval officials took a good look at corpsmen. These men who had so often performed "battlefield miracles" could perhaps be used to remedy the dwindling doctor supply.

So in 1971 the Navy began training corpsmen for the task, and the Clinical Assistant (screener) and the Physician Assistant (PA) were born.

Unfortunately a lack of funds killed the PA program shortly after its founding. The Navy was left with a well-schooled, but

fleeting group of college trained men. Today only about 300 PAs remain on active duty; two are assigned to the Adult Primary Care Clinic here.

The screener program, on the other hand, flourished. Many hospital commands including the one here set up screeners' schools, a non-commissioning six-weeks curriculum.

"Most hospital commands have schools to train screeners for their own use. Because we're a regional medical center, some other commands send their screener candidates here for this extensive course. They receive exposure to specialty clinics that might be unavailable elsewhere," said Hospitalman First Class Charles Quinn, who helped plan the syllabus for the course.

Of the 48 screeners graduated in each class yearly, two or three are asked to remain at the Adult Primary Care Clinic here for duty. The others return to their commands.

"We're very selective; we have to be, our screeners will be working in a clinic where they are often faced with difficult or demanding patients," explained

Captain (Dr.) Robert Kinney, Chief of the Adult Primary Care Clinic. "We look for excellent judgement, a broad-based education, intelligence, a good Navy record, and particularly, a desire to become a screener."

Those persons assigned to the clinic receive an additional seven weeks on-the-job training at specialty clinics of their choice. During the period screeners are supervised by a doctor or a more experienced screener.

"We realize screeners aren't doctors," Kinney said. "That's why the complexity of the problem is determined at the check-in desk when the patient comes in. If it's serious, the patient is referred directly to a physician. A less serious matter is routed to Chief Warrant Officer-2 Weston Pressley or Chief Warrant Officer-2 Tony Skapits, our PAs. Routine ailments such as colds, skin problems, sore throats and physical exams are handled by screeners."

"Although most patients may not be seen by a physician, a physician knows exactly what's going on," continued Kinney. "I examine every health chart prior to signing any prescription or referral to a specialty clinic."

Clinic screeners are young Third Class and Second Class Petty Officers who see the training as a stepping stone toward other medical or paramedical fields. Because they're genuinely interested in their job, most of them don't mind treating the more than 150 persons who frequent the clinic daily.

Some screeners like Hospitalman Second Class David Hoover often follow up on cases they've referred to doctors. They do so, not only as a training exercise, but out of real concern for their patients.

Despite their enthusiasm, screeners sometimes meet with difficulties on the job. "Many people refuse to see us because we're not physicians," stated Hospitalman Third Class Robert Holland. "We try to speed the flow of patients and generally help out."

Quinn's opinion differs slightly. He said: "When the program started there was some hesitancy, but now most people accept it. I have a long list of patients—mostly hypertensive and diabetic persons—who I began seeing in 1971, shortly after completing my training."

Mrs. Robert Leary also has some strong ideas concerning the program. As an 11-year resident of Camp Lejeune, she has seen the clinic with and without screeners. "When people go to the hospital they want to go in and get out. They don't want to wait for hours. The screeners have helped cut the waiting period," she said. "Not trying to demean the doctors, but it seems I've gotten just as good treatment from the screeners as I have from the doctors."

Screeners and PAs are invaluable commodities at any dispensary or hospital. Their worth can be measured by the time they save doctors and the performance of their job. Although they may lack a medical degree, they've earned the name Doc.

ing in the home. Although nationwide statistical data show that the majority of child abusers are females, in our study the majority of the abusers were males.

CASE REPORTS

Three examples illustrate our committee's method of managing child abuse:

Case 1. Two siblings, BJO (17 months) and RMO (6 months), were admitted to NRM Camp Lejeune on 24 May 1974. After their release on 14 June, the children were placed in temporary foster homes several times because they were constantly abused, even though their parents were counseled by psychiatrists, chaplains, our patient affairs officer, Navy Relief Society nurses, Department of Social Services caseworkers, and Mental Health Clinic workers. The children were readmitted to the medical center on 13 Feb 1975 for injuries possibly caused by abuse. After their release on 20 March, the children were taken from their parents by the Onslow County Department of Social Services and placed in permanent foster homes.

Case 2. BB, now 1 year, was admitted to NRM Camp Lejeune at age 2½ weeks with a fractured humerus, clavicle, femur, and skull, and multiple contusions; he was hospitalized for 55 days. The Onslow County Department of Social Services asked the State of Ohio to award custody of this child to his paternal grandparents, who live in Ohio, and he was discharged to their care. A sibling remained in the parents' home. The mother was treated at the Mental Health Clinic, and no further child abuse or neglect was noted. The father later was discharged from the Marine Corps and moved with his wife to Ohio. The Ohio probate court which had placed BB in his grandparents' care required the mother to continue supporting and visiting BB.

Case 3. SEC, aged 7 months, required hospitalization after being beaten by his father. The child was placed in temporary foster care by the Onslow County Department of Social Services, and after much encouragement from a psychiatrist, the parents agreed to attend group therapy. Our committee worked with the base housing office to find on-base quarters for the family; in this more convenient location, the parents were able to attend and benefit from counseling. Since the child's return to his home, Navy Relief Society nurses have visited the family and report that everything seems to be under control; the nurses will continue monthly visits.

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10

TABLE I. Child Abuse and Neglect Cases at NRM Camp Lejeune—August 1974–May 1975

Month	New Cases Per Month
August 1974	4
September 1974	8
October 1974	10
November 1974	12
December 1974	3
January 1975	10
February 1975	4
March 1975	4
April 1975	7
May 1975	4
Total	66
Active cases, Aug 1974–May 1975	49
Inactive cases, Aug 1974–May 1975	53
Total	102
Cases involving abuse	73
Cases involving neglect	27
Cases involving abuse and neglect	2
Total	102
Deaths	2
Cases in which abuse was repeated	4
Children placed in foster care	8

TABLE II. Rank of Abuser

Rank or Status of Abuser	Number of Cases
PVT	5
PFC	9
LCPL	5
CPL	7
SGT	12
SSGT	5
GYSGT	2
HN	2
HM1	1
LT	2
MAJ	1
CWO	2
Retired	1
Other	41
Total	95*

*Abusers were counted only once, even if they abused more than one child, or abused the same child twice. Therefore, this total is lower than the actual number of cases (102) shown in Table I.

TABLE III. Sex of Abuser

Sex of Abuser	Number of Cases
Male	52
Female	33
Both	17
Total	102

treatment rendered, and disposition of the case. Follow-up actions—further medical care, psychiatric evaluation of family members, caseworker visits to the family or other supportive measures—are recommended. A date is set to review each case and determine what further action may be required; these follow-up reviews are conducted periodically, and committee members may request a review before the scheduled review date. During the reviews, care given the patient and family members is evaluated, and a plan of action is developed to close the case.

A file is opened for each new case, and the incident that brought the case to the attention of the committee is recorded, along with the parents' names, social security numbers, military unit and telephone number. These files are protected in compliance with Privacy Act regulations. An information sheet and cross-index card are sent to our Data Processing Unit, where the roster of child abuse cases is kept up to date.

In some cases, it is necessary to contact the abuser's unit commander to ensure that the individual will report for counseling; sometimes the assistance of our base inspector's office is necessary to gain the individual's cooperation. On the whole, however, the counseling sessions have been well accepted by parents, as shown by the large number of couples now attending or awaiting new groups or vacancies in existing groups.

Volume 67, October 1976

9

Features

Managing Child Abuse: A Multidisciplinary Approach for Naval Hospitals

LCDR Thomas Brewster, MC, USNR
LCDR Kenneth L. Postel, MSC, USN

Every day in the United States at least two children are killed by physical abuse. That startling report (*American Medical News*, 21 April 1975) supports the findings of Helfer and Kempe (1):

The incidence of child abuse in this country is approximately ten per thousand live births per year. Approximately ten percent of injuries seen in hospital emergency rooms in children under five years of age have been inflicted by someone. Child abuse may be a greater killer of children between six and twelve months than any cancer, malformation, or infectious disease. From one month to six months of age, it is second only to sudden infant death syndrome. After one year of age, it is second only to true accidents.

There are many excellent articles on the problems and management of child abuse (2,3,4). Unfortunately, while the problem is widely recognized, there is a desperate lack of workable programs to help children who are abused, or to counsel their parents (5,6).

We hope that the program we developed at Naval Regional Medical Center, Camp Lejeune, N.C., can serve as a model for child advocacy programs in other naval hospitals.

CHILD ABUSE/NEGLECT COMMITTEE

Our program began unofficially some four years ago when we established in the Department of Pediatrics a file containing the names of children suspected of being abused or neglected. The attending physician referred these names to the Department of Social Services of Onslow County, N.C., but the medical center took no further action.

Two years ago the chief of pediatrics at NRM Camp Lejeune began meeting every two weeks with a psychiatrist, a social worker from the Onslow County De-

partment of Social Services, and Navy Relief Society nurses to evaluate and act on cases of child abuse. By 1974 it was apparent that there were too many cases to process at informal meetings, and the NRM Child Abuse/Neglect Committee was established. The committee consists of a pediatrician, psychiatrist, administrator, attorney, and representatives of the Onslow County Department of Social Services, the Onslow County Mental Health Clinic, the Navy Relief Society, and the medical center's American Red Cross unit.

Each committee member has an important role to play in protecting abused and neglected children:

- The pediatrician alerts the committee to cases of child abuse, provides follow-up medical care and counseling, and coordinates the management of such cases.
- The psychiatrist counsels and evaluates family members to determine the reasons for the abuse.
- The administrator develops lines of communication between the committee and military chaplains, the base housing office, military units, and other groups or agencies. He also sees that child abuse data and the proceedings of committee meetings are recorded.
- The attorney provides legal counsel to the medical center and acts as a liaison with the local legal community. He initiates legal action when appropriate.
- Social Services caseworkers follow cases that fall under the jurisdiction of the State of North Carolina, and take legal action, when required, through the State.
- Members of the Onslow County Mental Health Clinic counsel families referred by the committee or by agencies working with the committee.
- Members of the American Red Cross unit sponsor family group therapy sessions and counseling.
- The Navy Relief Society sponsors registered nurses to counsel families at home, and provides financial assistance.

Our Child Abuse/Neglect Committee meets once a week to discuss new cases: how the case was discovered, what abuse occurred, the degree of injury,

U.S. Navy Medicine

Capt. Bruce Archer

'Tortured into writing letter for Baez group'

By DON BRADY

"In the fall of 1972, I was tortured and forced to write two antiwar letters. I later found out that one of these letters was given to an American antiwar group visiting my camp led by Joan Baez," stated former POW Capt. Bruce Archer yesterday at a news conference in the Camp Lejeune Naval Hospital.

Archer, 31, of Pensacola, Fla., whose

helicopter was shot down over South Vietnam in March of 1968, made his first public appearance yesterday since arriving at Camp Lejeune Naval Hospital.

Archer spoke at an afternoon news conference in the hospital and related events of his captivity.

Archer told newsmen that he was tortured to the point where his weight fell under 100

pounds and he was forced to make antiwar speeches.

When asked concerning Jane Fonda's activities, Archer stated, "I find it hard to believe she didn't know what really was happening in North Vietnam. I feel that her actions prolonged the war."

Archer explained that he made his famous antiwar Christmas tape after being forced to

kneel with his hands over his head for two days.

On his return to the U.S. Archer said, "I was disappointed in the massive number of war protesters."

Archer stated that he was kept in isolation for the first two years of his captivity. He was not allowed to speak and he was not spoken to during that time.

There was no direct lighting in his cell. Archer explained, "and I was given two meals per day and two baths per week."

Archer stated that he had gained 10 pounds during the three weeks he has stayed at the Naval Hospital.

He left the hospital yesterday after the news conference and plans to travel with his wife for the next few weeks.



CAPT. BRUCE ARCHER tells Lejeune press conference how he was tortured into writing antiwar statements, one of which, he said, was handed over to an antiwar group led by Joan Baez. (Staff photo Don Brady).



LT-COL. Jerry W. Marvel, at press conference at U. S. Naval Hospital, Camp Lejeune, this morning... "astounded at Jane Fonda's misinformation on POWs." (Staff photo Nelson Culhoun)

Marvel's at Jane's 'misinfo'

DON BRADY
Daily News Staff

With a tear in his eye and obviously nervous, former POW Lt. Col. Jerry W. Marvel stated, "it's great to be home."

Marvel made his first public appearance since his return to Camp Lejeune on March 18 this morning at a news conference at Camp Lejeune Naval Hospital.

Marvel, a Marine pilot shot down in February of 1968, was the first POW to return directly to North Carolina after leaving Clark Air Force Base. He opened the news conference with a short speech thanking the American people for their support during his captivity. He then answered questions concerning his experiences as a POW.

When questioned concerning Jane Fonda's statements that American prisoners were not tortured, Marvel stated, "Miss Fonda is one of the most misinformed Americans I know." Marvel went on to explain that of the 200 prisoners in the last camp he was in, over 95 per cent were tortured.

He stated that at one torture period, he was knocked unconscious five times. Marvel also stated that the "now famous," arms behind the back torture was used on him and that at one time a steel bar and gag was tied tightly in his mouth.

During his five years of captivity, Marvel stated that one of his fingers were broken and that he lost the use of his arms for several months. For the first 18 months of his imprisonment, Marvel was in solitary confinement. Later he was allowed out four times a day for 15 minutes each time.

When asked about his feelings concerning the war protesters, Marvel stated, "we were fighting for that right to protest." He went on to explain that he believed the protesters did hurt the chances of the POWs early return.

When asked why he was tortured, Marvel explained that sometimes he was tortured to get information from him, sometimes he was tortured because of something he did and sometimes he was tortured as "just policy."

While recapping the first night of his captivity, Marvel was noticeably disturbed. He stopped several times and his eyes filled with tears.

Marvel stated that he was captured by two men and two women. They stripped him to his underwear and forced him to walk on an injured foot and leg to a barn in the middle of a communal farm. He was later paraded in front of a crowd of approximately 200 persons who shouted and cursed him. Marvel stated that even the little children threw stones at him. He was then taken back to the barn but about every two hours was taken out to a new group of spectators who cursed and threw rocks at him.

When asked about amnesty for draft dodgers, Marvel stated, "I am not in favor in any way of amnesty."

Food while in prison, Marvel explained, consisted of two bowls of thin vegetable soup and two pieces of bread. Marvel stated, "the kitchen was unsanitary and we found almost everything in our food."

Marvel added, "we could see the bombing of Hanoi and it was beautiful. I feel sure it is the reason we are here today."

Marvel explained that he was lucky because he was sure his family knew he was alive. He explained that the first letter he received was from his mother and in it she

wrote that Bert Hawkins was in an accident but was OK. Marvel stated that Bert Hawkins was a pet name of his when he was playing basketball in high school.

When asked of his duties while a prisoner, Marvel's wife who was sitting in the audience began to laugh. Marvel explained that all his married life he had refused to wash dishes but while a prisoner, it was his job to wash dishes for half the camp.

Later Marvel was forced to make coal balls from coal dust and water to burn to cook the food.

Marvel's plans for the future includes his first birthday with his son in six years next Wednesday and a trip back to his home in Evansville, Indiana.

Marvel stated, "I will stay on active duty and will do it again if my country needs me."

Daily News

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Saturday, April 7, 1973

SINGLE COPY 10c — Six DAYS 50c



Camp
Lejeune
Globe

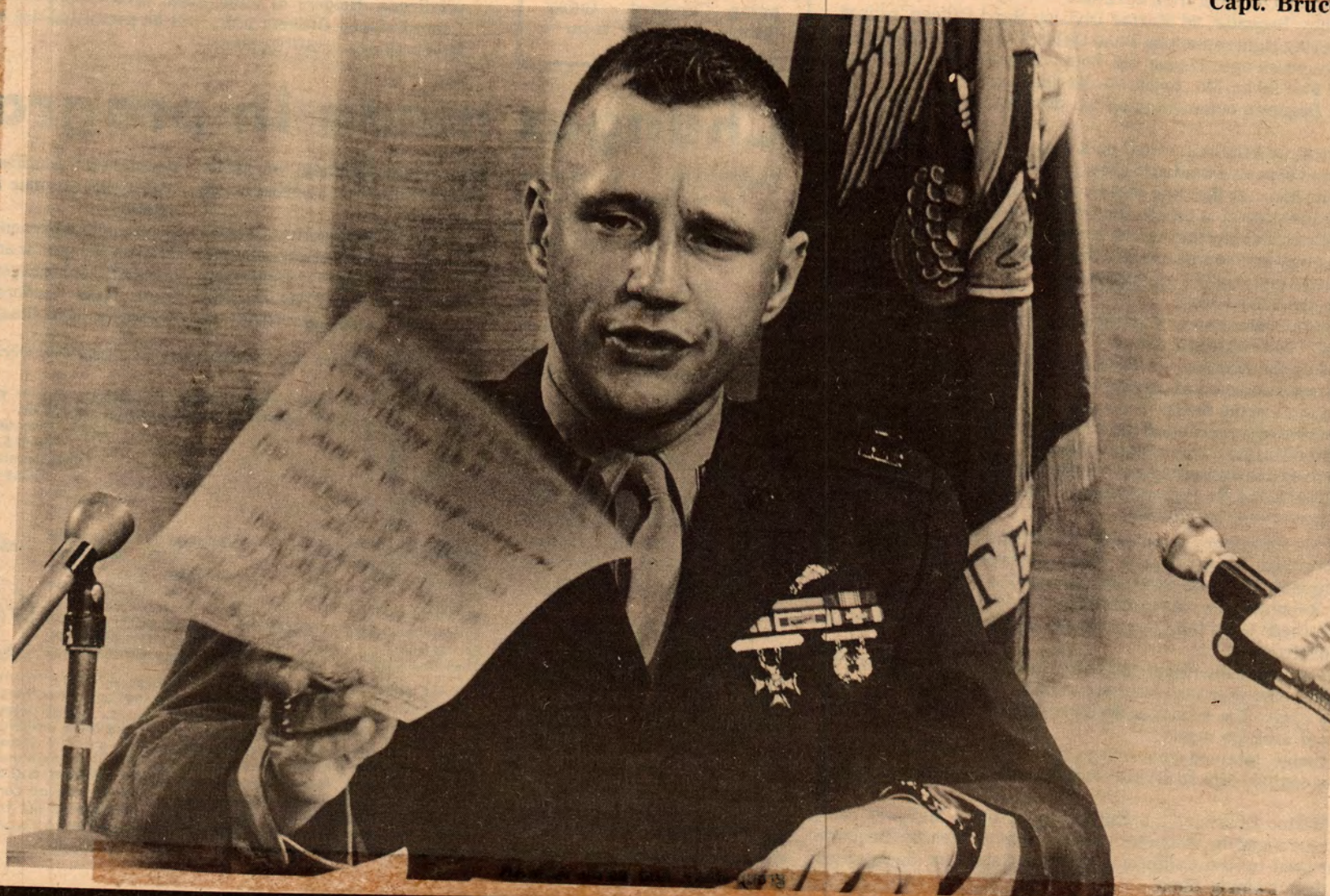
Thursday, April 12, 1973
Volume 29, Number 15

"...one of the things we were fighting for was the right to protest—freedom of speech. I do not agree with these people. I feel that the protest hurt the POW's chances of returning home sooner, but this is my own opinion."

LtCol. Jerry W. Marvel

"...the thing that impressed me most (on returning to the U.S.) was the change in the American thought process and attitudes. The American public has a much more mature understanding of psychological problems, sexual problems, financial problems, diplomatic problems... the whole spectrum. I am just amazed at the public awareness of our society."

Capt. Bruce R. Archer





GAMA GOAT TESTED — An all-terrain vehicle, the Gama Goat, is put through its swimming paces during Exotic Dancer VI.

EXOTIC DANCER VI ENDS

Mission completed

Exotic Dancer VI, a joint exercise conducted by the Atlantic Command in Norfolk, Va., ends April 12 when the last troops leave North Carolina for their separate Army, Navy, Air Force, Marine Corps and Coast Guard commands.

As the exercise drew to a close, Adm. Ralph W. Cousins, Commander in Chief, Atlantic, expressed great satisfaction with the initial reports. "All indications are that Exotic Dancer VI has been the most successful of the series of exercises," he said.

The multi-service operation, involving all five branches of the armed services, has been conducted in and around the Camp Lejeune, N.C., area since March 23. The highlight came April 2, when a vast "invasion" fleet stormed the beaches of Onslow County while airborne units parachuted into the Catfish Lake Area.

Adm. Cousins expressed his gratitude to the citizens of the area for their understanding and help rendered before and during Exotic Dancer VI. "Without their help," Adm. Cousins said, "we simply could not have had a successful exercise."

He explained that more than 9,000 citizens graciously gave their permission to allow the Armed Forces to use their land, frequently at some inconveniences to themselves.

Adm. Cousins said, "This involvement by many of the people of North Carolina contributed to the realism of the exercise."

"As the American commitment in South East Asia winds down, it is extremely important that we keep our standing forces at a high state of readiness. Joint exercises of this type are instrumental in increasing that readiness," he added.

MOVING ASHORE — A Marine jeep with special fording equipment quickly moves through the surf on Onslow Beach. Waiting to disembark the LCM landing craft is a two and one-half ton tactical truck.



SWOOPING SKYHAWK — A Marine Corps A4 Skyhawk fighter-bomber sweeps over members of the 4th MAB who secured Onslow Beach during Exotic Dancer VI.



ASSAULT THE BEACH — Members of the 4th MAB make an assault on Onslow Beach during the exercise.



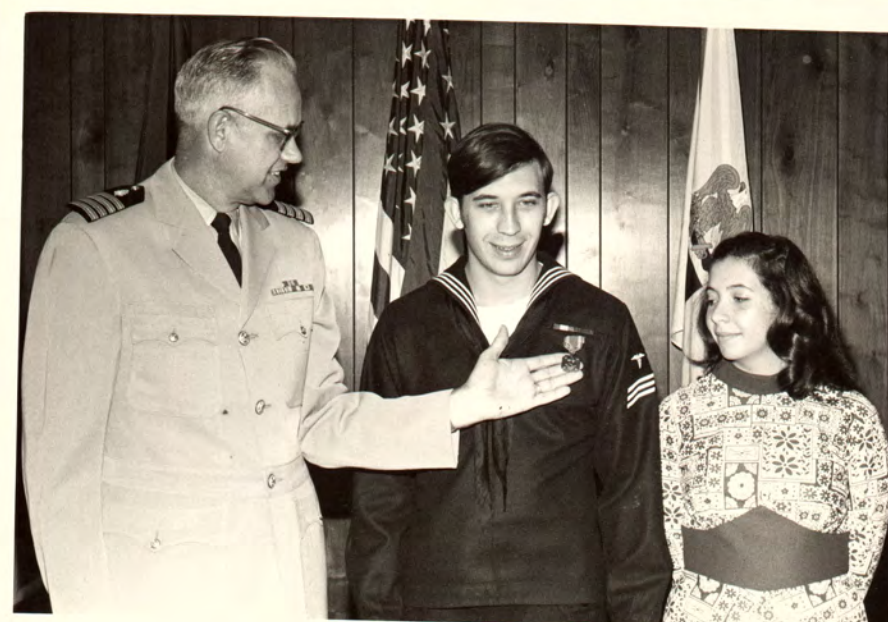
FINAL WAVE — Assault troops of the final wave move inland as Marine tactical trucks haul 105mm howitzers into position for additional ground support.

April 12, 1973

Globe



10 APR 1973 - ENS FRISTAD USNR TO USN



11 APRIL 1973 - HN THOMPSON - NAVY ACHIEVEMENT MEDAL



11 APRIL 1973 - HN SHALL - BLUEJACKET OF THE QUARTER



25 APRIL 1973 - CIVILIAN AWARDS



9 APRIL 1973 - THREE AIR CONDITIONERS PRESENTED TO FAMILY HOSPITAL. Left to Right - CAPT PETERS, Mrs. Doris PETERSON, Mrs. Barbara MAYSILLES - President OFFICERS WIVES CLUB #2, CAPT DEYTON, Mrs. Ann DELCUZE and Mrs. Sharon GUNSELMAN.



25 APRIL 1973 - LCDR GANNON PROMOTION



25 APRIL 1973 - CIVILIAN AWARDS



30 APRIL 1973 - HM3 RICHELMANN - RE-ENLISTMENT



30 APRIL 1973 - HM3 YOUNG - RE-ENLISTMENT



30 APRIL 1973 - HMC DODD - RE-ENLISTMENT



1 MAY 1973 - HMC DEFEE - RETIREMENT





16 JAN 1973 - HM1 WALSTON -
RE-ENLISTMENT



19 JAN 1973 - HM3 STARBORD - EENT



30 MARCH 1973 - HMC MONLEZUN -
RE-ENLISTMENT



30 MARCH 1973 - HM1 BODEMAN -
RE-ENLISTMENT



30 MARCH 1973 - HM1 BODEMAN ADVANCED
FROM HM1 TO HMC

"CAMP LEJEUNE GLOBE" 4/26/73



ARTISTIC THANK YOU — Jennifer Shannon helps Cpl. Charles Berryhill, 10th Marines, add the finishing touches to a cartoon painting at the Tarawa Terrace Nursery. Cpl. Berryhill and his wife, Sandi, recently finished painting the cartoon characters in the nursery and are also responsible for the paintings in the children's ward at the Naval Hospital. "This is our way of saying thank you," commented Sandi. "We have five children with various birth defects and both the nursery and the hospital have helped us when we needed them." (Photo by Sgt. Dave Conway)

Top 'Bluejacket' selected
HOPITALMAN — Sandra K. Shull has been named "Bluejacket of the Quarter" at the Naval Hospital here. Shull is senior corpswoman on the dependent women's ward at the hospital. She was selected for the quarterly award because of her demonstrated superior qualities in military conduct and appearance, excellence in performance of assigned duties, demonstrated traits of character and leadership.



BLUEJACKET OF THE QUARTER -
APRIL - JUNE 1973 - HN SANDRA K. SHULL



TENDER LOVING CARE — A warm, friendly smile — the trademark of a Navy nurse as exhibited by Navy Lt (j.g.) Patricia Robinson.



OFF-DUTY 'FRIEND' — Navy Lt (j.g.) Susan Baines adjusts the harness on her horse Adam at the Base Stables. Nurses' off-duty hobbies are as varied and interesting as their professional jobs.

65TH ANNIVERSARY SUNDAY 'White shoe Navy'

Story By Cpl. Nora Kieffer

"The 'White shoe Navy' supports the Fleet." As the Navy Nurse Corps prepares to celebrate its 65th anniversary Sunday, the Corps' motto sums up the purpose of the demanding but rewarding work of a Navy Nurse.

Officially established May 13, 1908, the Navy Nurse Corps received its first major test during World War I when Navy nurses served in hospitals in England, Ireland, Scotland and with field units in France.

The war's end saw four nurses awarded the Navy Cross (one posthumously) and the entire Corps recognized for its outstanding service.

In 1920, the first Navy nurses went aboard the hospital ship USS Relief, and in 1939, Sue S. Dauser was appointed superintendent of Navy nurses and simultaneously was the first woman to be promoted to the rank of Navy captain.

World War II signaled the beginning of new challenges for the Navy Nurse Corps. Five Navy nurses were taken prisoners of war when Guam fell and were sent to a military prison in Japan. Later, they were repatriated in an exchange of prisoners.

In 1942, 11 more nurses were captured by the Japanese in Manila and interned at Santo Thomas. Over their three-year captivity, they continued to give medical assistance to the sick and injured.

During World War II, Navy nurses were assigned to 12 hospital ships bringing care to front-line casualties and air evacuees.

The Korean War brought a renewed call for nursing service and Navy nurses answered the call by serving aboard three ships rotating as station hospitals in Korean waters.

More recently, four Navy nurses were the first women to receive the Purple Heart in Vietnam when they were injured in a 1963 attack.

Throughout the American involvement in Vietnam, Navy nurses served as technical and educational advisors in the provincial hospitals and also were assigned to the hospital ships USS Repose and USS Sanctuary.

Here at Camp Lejeune, 67 Nurse Corps officers serve at the Naval Hospital and its outlying dispensaries. Their duties range from those of a routine ward nurse to a nurse practitioner in obstetrics and gynecology.

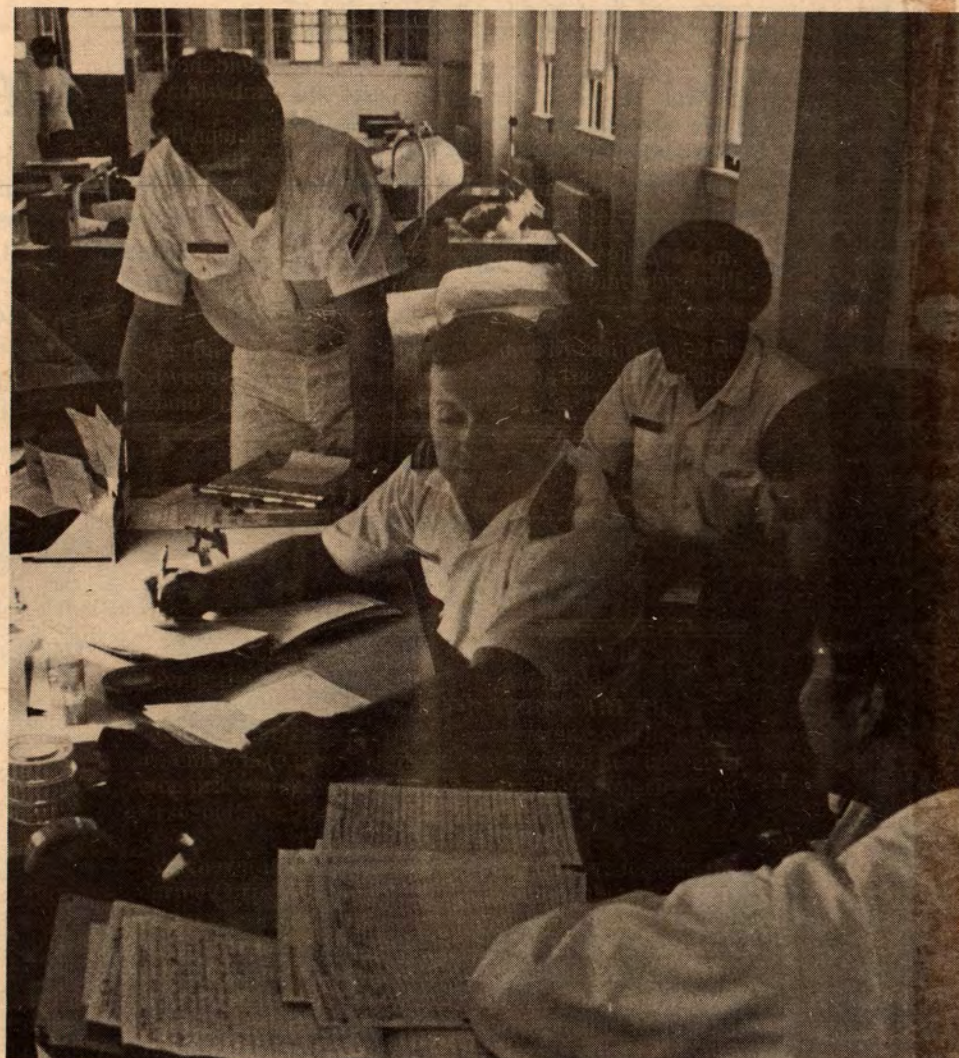
Navy nurses are the officers in charge of the new dispensaries at Tarawa Terrace and Camp Geiger.

Navy nurses here will celebrate their 65th anniversary with a champagne brunch beginning at noon at the Paradise Point Officers' Club.

The past year has brought many changes and achievements for the Navy Nurse Corps. One such change was the approval of a pantsuit uniform for wear on duty.

Last spring, the President approved the nomination of Capt. Alene S. Durek to the rank of rear admiral. RAdm. Durek was the first woman in the Navy to be promoted to the flag rank and is the present superintendent of Navy nurses.

However, the Navy Nurse Corps has never been satisfied to rest on past successes. Navy nurses are looking forward to another year of hard work striving to give the highest professional service to their patients.



CONFERRING WITH WORKERS — Navy Lt (j.g.) Hugh Daily holds a ward conference at the hospital. Male nurse officers were accepted into the Navy Nurse Corps in 1965.

ABOARD BASE adds support

Photos by Sgt. Rich Moffett



CHECKING ORDERS — A patient's orders are doublechecked by Navy Lt (j.g.) Karen Capps, a nurse at the Naval Hospital.



EASING THE HURT — Navy LCdr. Carol Young reassures a young patient that a shot she just received will only hurt temporarily. LCdr. Young is one of the nurses at the recently expanded Geiger Clinic.



ADMITTAL PROCEDURES — A patient is admitted by Lt. (j.g.) Cynthia Martig to the recovery room following surgery at the Naval Hospital.



MINOR ADJUSTMENT — Navy Lt. (j.g.) Susan Hancock makes a slight adjustment on her helmet before taking a spin on her motorcycle. Lt. (j.g.) Hancock is one of 67 Nurse Corps officers stationed at Camp Lejeune.

May 10, 1973

Globe

Globe

May 10, 1973

Hospital forms special committee to improve staff-patient relations

CAMP LEJEUNE — A Joint Advisory - Communications Committee to the Naval Regional Medical Center has been established by Capt. Earl R. Peters, MC, USN, Director of the Naval Regional Medical Center, Camp Lejeune, in an effort to establish improved lines of information and communication between medical staff personnel and patients.

Center representatives.

Representing the Regional Medical Center are: Capt. W. J. Wagner, MC, Deputy Director for Health Care Delivery, Capt. J. M. Redgate, NC, Assistant Director for Nursing and Cdr. J. I. Myers, MSC, Deputy Director for Health Care Administration.

Representatives outside the command are: SgtMaj. T. G. Shropshire, phone 451-7322; 1st Lt. R. S. Gunter, 2d Marine Division, phone 451-2116; Cpl. B. G. Self III, Force Troops, phone 451-1325; Mrs. Dorcas Carriglitto, Staff NCO Wives Clubs, phone 353-6951; and Mrs. Kathy Farmer, representing the Tarawa Terrace Community Association, phone 451-1814.

Representatives can be reached personally and told of any complaint, comment or recommendation and it will be relayed to the proper lines.

All persons are urged to support the efforts of the committee to insure an endeavor to improve information and communications lines.

5 JUNE 1973 - WILMINGTON STAR

DOCTOR, PATIENT COMMUNICATION Hospital-patient committee formed

A Joint Advisory-Communications Committee to the Naval Regional Medical Center has been established by Capt. Earl R. Peters MC, USN, Director of the Naval Regional Medical Center, Camp Lejeune, in an effort to establish improved lines of information and communication between medical staff personnel and patients.

The committee meets on the third Thursday of each month to bring complaints, comments or recommendations to the attention of Regional Medical Center representatives.

Representing the Regional Medical Center are: Capt. W. J. Wagner, MC, Deputy Director for Health Care Delivery, Capt. J. M. Redgate, NC, Assistant Director for Nursing and Cdr. J. I. Myers, MSC, Deputy Director for Health Care Administration.

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All persons are urged to support the efforts of the committee to insure an endeavor to improve information and communications lines.

Transportable hospital at 2nd Marine Division

CAMP LEJEUNE, N.C. — Through a special project assigned to a 2d Marine Division medical team, the first concerted major effort to improve the entire military field medical system in the last 50 years will soon begin here.

The special project consists of training a medical team in the operation of the Marine Corps' first transportable hospital. This hospital, developed in 1965 for Army use, is known as 'MUST' (Medical Unit Self-Contained Transportable).

MUST was developed to provide field hospitals with the same environment maintained in a permanently fixed hospital.

Prior to the development of MUST, field hospitals were still encountering problems that had hindered medical teams since the Civil War.

Field hospitals set up in tents were exposed to weather. Extreme hot and cold temperatures, mud insects and other conditions defined by hospital standards as unsanitary were just some of the problems encountered by field hospitals until MUST was developed.

The mission of the new hospital is to give troops in combat areas a quality of medical attention comparable to that found in stateside hospitals.

Patterned after the life supporting units developed in space research, MUST maintains its own controlled environment.

The transportable hospital has its own built-in power source that is generated from a turbine engine. The environment is controlled by the heating and air Jacksonville Daily News--11 June 73

conditioning units housed in the structure. These facilities can produce a comfortable indoor temperature regardless of weather conditions.

Hot and cold water systems are also built into the hospital.

The largest section of the hospital, a 60-bed ward, is made of inflatable walls that, when joined, take the shape of a Quonset hut. The special units such as surgery, X-ray, and blood bank facilities are housed in expandable metal rooms equipped with the most modern equipment available.

Because the whole hospital is attached together and sealed with an air lock to the surgery unit, the hospital is practically germ proof.

Mobility and set-up time, two problems that have plagued previous field hospitals, are no longer a threat to the efficiency of the field hospital.

MUST is delectable and compactly packed when being transported. The expandable metal rooms have storage compartments which house all the equipment used by the hospital. Movable platforms are utilized to transport the hospital by truck. When roads become inaccessible to the set-up site, MUST can be transported by ships or flown in by helicopter.

In combat areas, time is an important factor involved in caring for wounded troops. With a MUST unit the set-up time to get the entire hospital operating at its full potential is less than ten hours.



11 JUNE 1973 - DR. LEINICKE - PROMOTION TO LCDR



RICHARD (RICKY) ANDERSON was the first senior at Richlands High School to receive his diploma, as it was hand delivered by Brock Ridge, principal of the school. Ricky was recovering from recent surgery at the U.S. Naval Hospital at Camp Lejeune. (Photo by Vivian S. Dean)



11 JUNE 1973 - DR. NEVINS - PROMOTION TO LCDR



11 JUNE 1973 - DR. ADAMS - PROMOTION TO LCDR

MUST first for field medical improvement assigned to 2d Division medical team

By LCpl. M. Chacon

Through a special project assigned to a 2d Marine Division medical team, the first concerted major effort to improve the entire military field medical system in the last 50 years will soon begin here.

The special project consists of training a medical team in the operation of the Marine Corps' first transportable hospital. This hospital, developed in 1965 for Army use, is known as 'MUST' (Medical Unit Self-Contained Transportable).

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pandable metal rooms have storage compartments which house all the equipment used by the hospital. Movable platforms are utilized to transport the hospital by truck. When roads become inaccessible to the set-up site, MUST can be transported by ships or flown in by helicopter.

In combat areas, time is an important factor involved in caring for wounded troops. With a MUST unit the set-up time to get the entire hospital operating at its full potential is less than 10 hours.

The Division 2d Medical Bn. is the first Marine Corps unit to begin training a medical team to operate the Corps first MUST unit.

In the future, combat Marines will be guaranteed, as a result of this project, the best medical care available through the facilities of MUST.

Navy Hospital celebrates 75th anniversary today

Navy Hospital Corps celebrates 75th anniversary today CAMP LEJEUNE—Persons passing by Marston Pavilion should disregard shouts of "corpsman" this evening. Most likely, no one will be hurt. Quite the contrary. It will be the sounds of celebration as the Navy corpsmen observe their

"Diamond Anniversary" with a dance and banquet at the pavilion. Honoring 75 years of history, the Hospital Corps will begin festivities at 7 p.m. The Hospital Corps has come a long way since its inception

June 17, 1898. The 1300 corpsmen stationed aboard Camp Lejeune represent some 20 different technical skills out of a possible 30 fields available. These range from basic ward corpsmen, lab and pharmacy technicians to medical repair mechanics, all working towards the same goal to provide health care to the active duty Marine and Navyman, his dependents and retired personnel through preventative medicine.

These trained men are a far cry from the "loblolly boy" (name given to corpsmen in 1814 before they became an organized unit.) The loblolly boy was a member of the crew picked to serve the surgeon and surgeon's mate. His duties included such tasks as providing water containers for amputated limbs, braziers of charcoal for heating the irons to sear the stumps caused by amputations and for heating tar with which to stop hemorrhage. He also provided buckets of sand to catch the blood from amputations and wounds and to pour over the blood on the decks so the surgeon might not slip while working.

Today trainees must attend a 14 week Basic Hospital Corps School to receive the title of corpsman. This does not include the specialty training required for many of the fields which vary the length.

Before a corpsman can be attached to the 2d Marine Division here, he must attend a four week course at the Field Medical Service School, Montford Point. There he receives training in field sanitation, basic squad tactics and other fundamentals which prepare him to serve in the field with this Marine counterpart.

Serving in the field with Marines is something the corpsman has always done well. James Forrestal, Secretary of

the Navy during World War II, paid honor to the Hospital Corps in a commendation stating that "the hospital corpsmen saved lives on all the beaches that the Marines stormed."

During the Korean and Vietnam conflicts corpsmen again rose to the occasion of saving lives in combat with ever improving skills and technical training, and as always valor under fire.

Corpsmen aboard base are attached to units of the Tri-Command, Naval Hospital, Naval Medical Field Research Lab and the Field Medical Service School.

According to HMCM Roger Lindsay, senior Navy enlisted man aboard base, "The technical skills and various jobs of these men all fall into the big picture of health care delivery aboard base. Whether it's delivering babies or linen, it's all part of the overall program."

Chief Lindsay will probably feel more emotion for the "Diamond Anniversary" than the average man. "This should be my last one. I'm nearing the 30 year mark and what better way to go out than a shining diamond."

"I've seen many changes over these years. There have been so many improvements, mainly educational advantages, technical improvements and automation."

"I would like to say one more thing about our Hospital Corps. The young men who fill the majority of the ranks are from that so called new generation. I saw them in Vietnam and I see them here. When the chips are down they prove themselves over and over again. And in that respect, the times aren't a changin'."

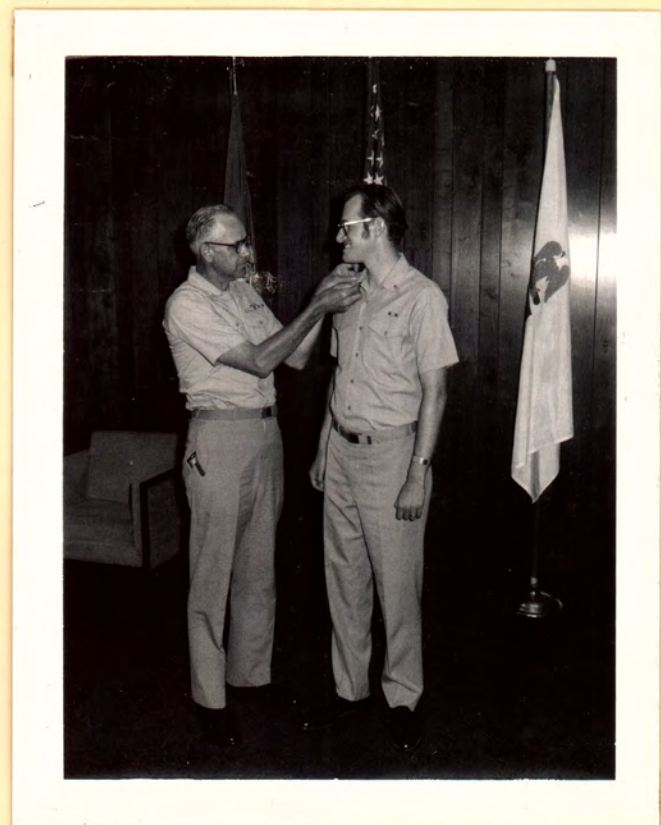
STAR-NEWS

Marine
Edition

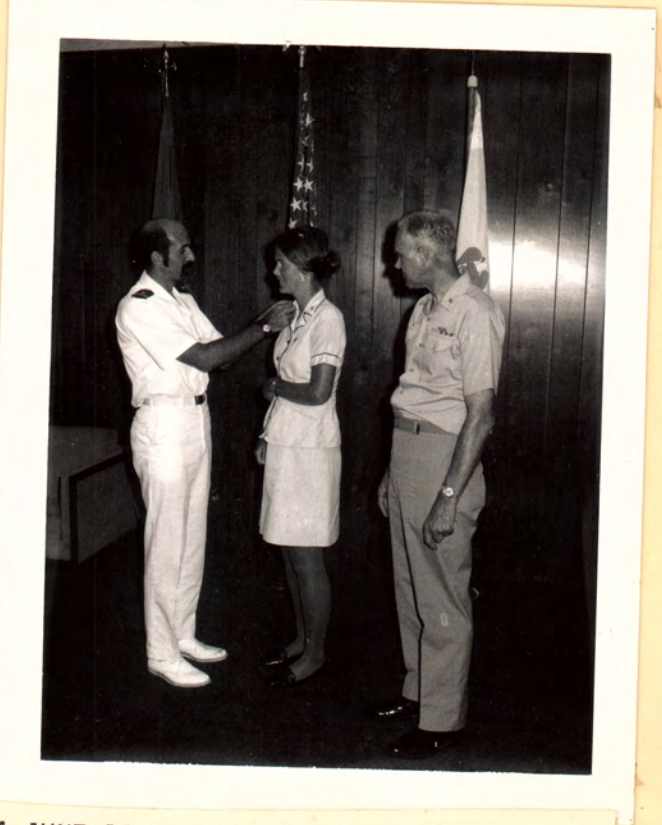
JUNE 15, 1973

Wilmington, N. C.

ONE-B



14 JUNE 1973 - DR. WEISS - PROMOTION TO LCDR



14 JUNE 1973 - DR. COHEN - PROMOTION TO LCDR - PINNED BY HER HUSBAND LT I. COHEN



15 JUNE 1973 - HM2 HANS - RE-ENLISTMENT



Left to Right - Staff Corpsman; CAPT PETERS (Commanding Officer); BRIG GEN H. L. WILKERSON (Commanding General, MCB), HN A. R. LEWIS, staff corpsman; HMC DE PLANCHE (Club Manager).



14 JUNE 1973 - GRAND OPENING CEREMONY OF NEWLY RENOVATED HOSPITAL RECREATION CENTER



Corpsmen celebrate 75th

By Sgt. Dave Conway
Persons passing by Marston Pavilion should disregard shouts heard for a corpsman Friday evening. No one will be hurt...Quite the contrary...It will be the sounds of celebration as the Navy corpsmen observe their "Diamond Anniversary" with a dance and banquet at the pavilion.

Honoring 75 years of history, the Hospital Corps will begin festivities at 7 p.m.

The Hospital Corps has come a long way since its inception June 17, 1898. The 1300 corpsmen stationed aboard Camp Lejeune represent some 20 different technical skills out of a possible 30 fields available. These range from basic ward corpsmen, lab and pharmacy technicians to medical repair mechanics all working towards the same goal to provide health care to the active duty Marine and Navyman, his dependents and retired personnel through preventive medicine.

These trained men are a far cry from the "loblolly boy" (name given to corpsmen in 1814 before they became an organized unit). The loblolly boy was a member of the crew picked to serve the surgeon and surgeon's mate. His duties included such tasks as providing water, containers for amputated limbs, braziers of charcoal for heating the irons to sear the stumps caused by amputations and for heating tar with which to stop hemorrhage. He also provided buckets of sand to catch the blood from amputations and wounds and to pour over the blood on the decks so the surgeon might not slip while working.

Today trainees must attend a 14 week Basic Hospital Corps School to receive the title of corpsman. This does not include the specialty training required for many of the fields which vary in length.

Before a corpsman can be attached to the 2d Marine Division here he must attend a four week course at the

Field Medical Service School, Montford Point. There he receives training in field sanitation, basic squad tactics and other fundamentals which prepare him to serve in the field with his Marine counterpart.

Serving in the field with Marines is something the corpsman has always done well. James Forrestal, Secretary of the Navy during World War II, paid honor to the Hospital Corps in a commendation stating that "the hospital corpsmen saved lives on all the beaches that the Marines stormed."

During the Korean and Vietnam conflicts corpsmen again rose to the occasion of saving lives in combat with ever improving skills and technical training, and as always, valor under fire.

Corpsmen aboard base are attached to units of the Tri-Command, Naval Hospital, Naval Medical Field Research Lab and the Field Medical Service School.

According to HMCN Roger Lindsay, senior Navy enlisted man aboard base, "The technical skills and various jobs of these men all fall into the big picture of health care delivery aboard base. Whether it's delivering babies or linen, it's all part of the overall program."

Chief Lindsay will probably feel more emotion for the "Diamond Anniversary" than the average man. "This should be my last one. I'm nearing the 30 year mark and what better way to go out than a shining diamond."

"I've seen many changes over these years. There have been so many improvements, mainly educational advantages, technical improvements and automation."

"I would like to say one more thing about our Hospital Corps. The young men who fill the majority of the ranks are from that so called new generation. I saw them in Vietnam and I see them here. When the chips are down they prove themselves over and over again. And in that respect, the times aren't a changin'."



MUST first in 'Nam

Open Line:

In regards to your article in the Globe of June 7, 1973 about the MUST (Medical Unit Selfcontained Transportable). The first MUST unit was attached to 1st Hospital Co. on June 5, 1967 at Chu-Lai, Vietnam.

On April 4, 1968, MUST unit number one embarked by LST and arrived in Danang. There was also a MUST unit number two attached to 3d Medical Bn.

Cdr. J.W. Deyton, Jr. of U.S. Naval Hospital was the commanding officer July 30, 1968 to July 17, 1969.

So the 2d Medical Bn. is not the first Marine Corps unit to operate the Marine Corps' first MUST unit.

Sgt. L.W. Hooley

Sgt. Hooley.

Your information is correct, MUST units were used in Vietnam. However, the 2d Medical Bn. is the first FMF organization to include a Provisional MUST Co. in its table of organization. Its mission is to develop that organization and the table of equipment.

In effect, the 2d Medical Bn. is the first Marine Corps unit to begin training a MUST medical team to operate as an organizational part of a division.

Editor

6

Globe

19 JUNE 1973 - JACKSONVILLE DAILY NEWS

14 JUNE 1973 - CAMP LEJEUNE GLOBE



LETTER OF APPRECIATION PRESENTED TO HMI COOPER (EENT SERVICE) BY CAPT PETERS AS CDR BLANTON, CHIEF EENT SERVICE, AND MRS. BROCK, EENT NURSE, WATCH.

JACKSONVILLE, NORTH CAROLINA

Diamond Jubilee

Hospital Corps

MCAS, CHERRY POINT— Sunday, the 158 members of the Navy Hospital Corps stationed here celebrated their diamond jubilee.

Founded in 1898, these professional men and women have faithfully served their primary mission of "keeping as many men at the guns as

many days as possible."

Working in over 78 different jobs at the Naval Hospital, corpsmen undergo strict training to become proficient in their assigned duties. Following boot camp they are assigned to a hospital corps school at San Diego or Great Lakes, Ill.

Some of the subjects covered in the 20 week school are preventive medicine, first aid, nursing procedures, pharmacy, toxicology, lab procedures, medical aspects of nuclear, biological and chemical warfare, minor surgery, basic anatomy and physiology and independent duty responsibilities.

Commanded by Captain P.C. Gregg, corpsmen attend to the needs of over 450 patients a day in all departments employing the newest medical procedures.

Whenever the cry for corpsmen in battle is heard, you can rest assured that one isn't too far away.



HOSPITALMAN C.R. Downey positions Gunnery Sergeant S.N. Ingram's head for an x-ray. This is just one of the 78 different jobs that corpsmen are assigned at the Naval Hospital at Cherry Point. (Photo by Cpl. Diane J. Cormier).



SHERRY DRISCOLL Cherry Point medical corps prepares to take Mrs. Susan Felicia's temperature with the new IVAC electronic thermometer. (Photo by Cpl. Diane J. Cormier).

27 JUNE 1973 - JACKSONVILLE DAILY NEWS

Medical committee established

By LCPL ROBERT STANLEY
CAMP LEJEUNE — A Joint Advisory - Communications Committee to the Naval Regional Medical Center has been established by Capt. Earl R. Peters, MC, USN, Director of the Naval Regional Medical Center, Camp Lejeune, in an effort to establish improved lines of information and communication between medical staff personnel and patients.

The committee meets on the third Thursday of each month to bring complaints, comments or recommendations to the attention of Regional Medical Center representatives.

Representing the Regional Medical Center are: Capt. W.J. Wagner, MC, Deputy Director for Health Care Delivery, Capt. J.M. Redgate, NC, Assistant Director for Nursing and Cdr. J.I. Myers, MSC, Deputy Director for Health Care Administration.

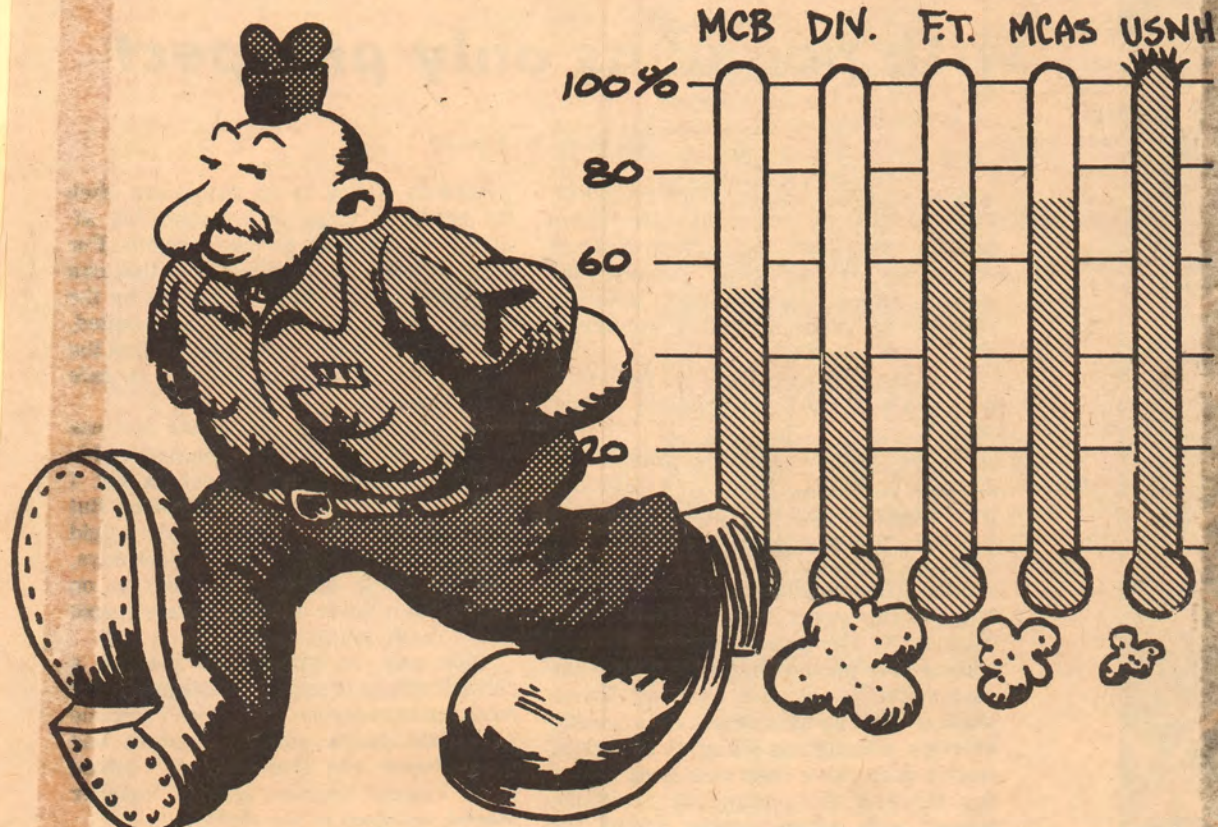
Representatives outside the command are: SgtMaj. T.G. Shropshire, phone, 451-7322; 1st Lt. R.S. Gunter, 2nd Marine Division, phone, 451-2116; Cpl. B.G. Self III, Force Troops, phone, 451-1325; Mrs. Dorcas Carriglitto, Staff NCO Wives Clubs, phone, 353-6951; and Mrs. Kathy Farmer, representing the Tarawa Terrace Community Association, phone, 451-1814.

Representatives can be reached personally and told of any complaint, comment or recommendation and it will be relayed to the proper lines.

All persons are urged to support the efforts of the Committee to insure an endeavor to improve information and communication lines.

26 JUNE 1973 - JACKSONVILLE DAILY NEWS

NAVY RELIEF Truckin' Downhill



A plug for Navy Relief

The general tells his staff to "go over the top by Saturday." The colonel talks of some \$130,000 as a matter of fact. And the sergeant lets his PFC know that he's "gotta push tickets!"

They are all sincere and have in mind the common goal stressed six weeks ago when the Navy Relief drive was launched: they are proving that Marines take care of their own through Navy Relief.

Half the 1973 Navy Relief fund drive money has been collected, but two-thirds of the time allocated for the drive has passed.

Globe stories, such as Navy Relief Layettes in this issue, have told all about what the Navy Relief Society at Camp Lejeune does for sailors and Marines. Other stories proudly point to Navymen of the Regional Medical Center here for being over the top with their efforts.

And Globe now makes an unabashed plug for Navy Relief. No story here, just a plea for Marines to be generous givers by supporting their Navy Relief programs with their money with an extra donation if need be.

21 JUNE 1973 - CAMP LEJEUNE GLOBE



29 JUNE 1973 - RETIREMENT OF LCDR MARY MAHONEY, NC, USN



29 JUNE 1973 - RETIREMENT OF LCDR LAURA C. WHEELER, NC, USNR



DR. ANDERSON RECEIVES CERTIFICATE OF POSTDOCTORAL FELLOWSHIP IN ORAL SURGERY



29 JUNE 1973 - CAPT PETERS PRESENTING LETTER OF APPRECIATION TO ENSIGN YOST
Left to right - CAPT PETERS, CDR MYERS, CDR GEHRING, ENS YOST, LCDR PRICE.



Left to Right - CDR GHERING, LCDR RYAN, LCDR ANDERSON, LCDR CARROLL, LTJG FRISTAD, ENS EPPS, LTJG VAN PELT, LCDR PRICE, LT GIBSON, ENS DUNCAN AND ENS YOST.



29 JUNE 1973 - CAPT PETERS PRESENTING LETTER OF APPRECIATION TO LTJG FRISTAD. Left to right - CAPT PETERS, CDR MYERS, CDR GEHRING, LCDR RYAN, LTJG FRISTAD, CAPT WAGNER.

Understanding: key to council

By Sgt. Dave Conway
Near any large Armed Forces base where the military populace outnumbers the civilian, problems are bound to arise between the communities. Camp Lejeune is no exception. On occasion a Marine or civilian will yell "rip-off", and sometimes with justification.

Realizing this in 1962 the Commanding General MCB, Camp Lejeune; CO, MCAS New River; Mayor of Jacksonville; and the Chairman of the Onslow Board of Commissioners entered into a mutual agreement that formed the Military-Civilian Community Council to help alleviate these problems.

This was the first attempt to establish an open channel between the military and civilian communities that could be used on a continuing basis.

The channel was strengthened in 1966 with the signing of a formal "Memorandum of Understanding" between the members of the council.

In accordance with the memorandum, it was decided that the council should continue for the purpose of considering matters of policy relating to the mutual

interests of the parties; that the intent of the "Understanding" should have as its purpose, the promotion of good will and unity between the military and civilian components of the community; and that such should be accomplished through the adoption and implementation of policy on matters of joint interest.

The council is still very much in operation today and the channel of cooperation between the military and civilian community has strengthened even more with the years of close affiliation between members.

"The day to day working of the council is very low key," commented Col. J. J. Snyder, military coordinator. "We attempt to find solutions to problems informally and without fanfare by working through other members of the council."

The type of complaints that come before the council vary. Generalized into three categories, the majority fall under the topics of: human relations-equal opportunity, with emphasis on fair housing practices and acceptable sanitary conditions in living and recreational areas; law enforcement; and discouragement of

What this basically means to Marines aboard base and civilians in town, is those cries of "rip-off" do not go unanswered.

The problem may be handled through a phone conversation between council members or at an informal meeting, but the problem is settled. "The hallmark of the council is talking informally," added Col. Snyder.

The working members of the council meet on a monthly basis, rotating locations between civilian and military, to consider matters brought to their attention.

Two city attorneys, the county attorney and three prominent merchants represent the civilian working members of the council while the military coordinator, a representative from Base Legal and MCAS New River sit on the military side.

"Holding these meetings on a monthly basis with appropriate people present allows for an open line of communication," replied Don Hudson, civilian coordinator. "It gives us the chance to iron out complaints before they become serious problems."

unfair business practices.

Some examples of the type of cases encountered could be: a retired marine who filed a complaint against a local furniture store that refused to honor the warranty on his television; a local trailer park's treatment of inhabitants in

reference to sanitary conditions; and a private club in town practicing racial discrimination.

Depending on the seriousness of the complaint, Base Legal can conduct an informal investigation and make recommendations for action to the council.

"The main thing to remember about the council is its low key operation," stressed Col. Snyder. "We're not here to circumvent in any way established procedures. However, we encourage persons, military or civilian, to bring matters of concern before the council for review by addressing a communication to the Commanding General, MCB, through normal channels."

The Military-Civilian Community Council held their annual directors' meeting June 22 at the Paradise Point Officer's Club. LtGen. Foster C. LaHue, Chief of Staff, HQMC, was the featured speaker.

Council Directors, BrigGen. H. L. Wilkerson, CG, MCB; W. B. Teachey Jr., Mayor of Jacksonville; Ormond Barbee, Chairman, Onslow County Board of Commissioners; and Col. G. C. Doster Jr., CO, MCAS, New River, were in attendance.

BrigGen. A. J. Poillon, CG, 2d Marine Division; BrigGen. R. L. Nichols, CG, Force Troops; and Capt. E. R. Peters (USN), CO, Naval Regional Medical Center, were also in attendance as honorary directors. Many other local military and civilian guests were present.

LtGen. LaHue addressed the meeting on two subjects: what the future holds for the Marine Corps and Camp Lejeune; and human relations-equal opportunity in the Marine Corps.

With respect to Camp Lejeune he said, "There will be no major changes in personnel levels, nor do we expect any significant change in functions or missions of Marine assignments." The general also said this would apply to MCAS, New River.

He commented on the overall construction that is in process at Camp Lejeune and cited civilian involvement in the building.

Changing the subject to human relations, Gen. LaHue explained the Marine Corps program in that area to the largely civilian audience.

"In order to achieve our goal, we need your help. While a Marine is on the base, we attempt to show him that equal opportunity and the belief in the dignity of all men is not just phrases or a passing fad."

"However, we cannot control the treatment a Marine receives off base. Where unfair or discriminatory practices exist, they need to be ended and all concerned should be made aware that such practices cannot be tolerated. They are harmful not only to the military, but also to the civilian community."

Gen. LaHue ended his address by citing several of Camp Lejeune's domestic action programs and how they aided both the military and civilian communities by combined involvement.

28 JUNE 1973 - CAMP LEJEUNE GLOBE



29 JUNE 1973 - DR. CALDWELL RECEIVES LETTER OF APPRECIATION ON THE OCCASION OF HIS DETACHMENT.

Navy's 'New Look' in all uniforms

How many times has a Marine been told, "You don't salute me, I'm a Chief, not an officer." This somewhat traditional problem between Navy men and Marines may soon increase aboard base as the Navy officially introduces its new all-rank basic uniform July 1.

The Navy has decided to use the Dress Blue uniform with coat and tie, formally worn by chiefs and officers only, as the basic uniform to symbolize a united organization striving for common goals.

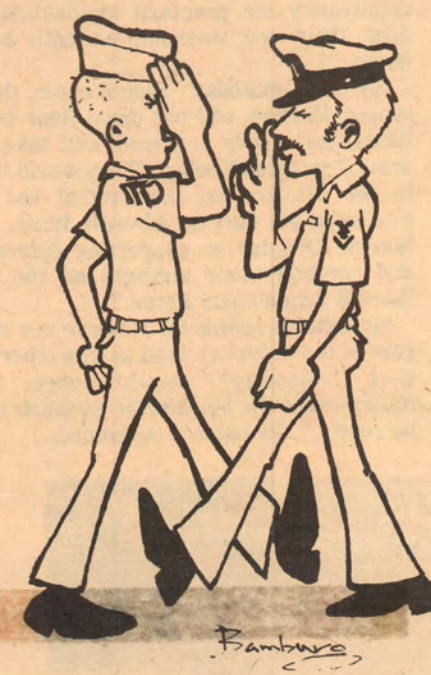
Beginning July 1, recruits will be issued one lightweight and heavyweight double-breasted Blue uniform in place of the traditional jumpers and bell-bottoms. After that date, all other Navy men, petty officer and below, may procure the same uniform if they so desire. (E-6 are already authorized to do so) After July 1, 1975, the new uniform will become mandatory to all Navy men except those getting out before July 1, 1976.

Rating badges and service stripes will be of the same type worn in the same manner as the past except the sleeve stripes, which will be five and a quarter inches rather than the current seven inches.

The officer uniform can still be recognized by the gold chin strap worn on

the hat and the gold piping that encircles the cuffs of the sleeves.

The hat device is also different. It's a gold American eagle in contrast to the anchor with USN worn by chiefs and the silver eagle with USN worn by the enlisted.



21 JUNE 1973 - CAMP LEJEUNE GLOBE

New look given five enlisted clubs

Renovation of five enlisted service clubs was completed aboard base this month. Area 1, Area 5, Camp Geiger, Naval Hospital and Central Area Service Clubs are now completely renovated.

The Naval Hospital and Central Area Clubs, two recently reopened, cost approximately \$12,000 and \$34,000 respectively. The Naval Hospital Service Club was completed June 14 and the Central Area Club June 25.

BrigGen. Herbert L. Wilkerson, Base C.G., cut ribbons at the opening of both clubs.

Six other clubs are scheduled to complete renovation by the end of the year. A new service club scheduled for completion for the end of July, is now under construction in the French Creek area.

The renovation of service clubs here is not only improving their appearance but also their visitation and morale.

SSgt. Julian McClenney, manager of the Central Area Service Club, said the club, in its old stage, "wasn't much of a service club."

Asked about the morale of the men who visit the club McClenney commented, "A person usually acts according to his or her surroundings. Because of the better and newer surroundings here, it should improve their morale a lot."

The renovation of service clubs brought overwhelming results. HMC Kenneth DePlanat, manager of the Naval Hospital Service Club, states, "I couldn't believe it! There was a 40 percent increase in customers. People that left before are now rejoining. There has been a lot of new people coming in." When asked about the morale, DePlanat said, "Morale has greatly increased. Even the employees here are happier."

According to Mr. James Waugh, Property Maintenance Director, the remodeling of the service clubs is the first major renovation done to them in 10 years.

28 JUNE 1973 - CAMP LEJEUNE GLOBE

Dependents Clinic

A recent shortage of doctors at Camp Lejeune has forced the temporary closing of the Dependents Clinic located in Tarawa Terrace. The clinic will be closed from June 25 through July 17.

According to HMC Richard D. Lassiter, Senior Enlisted Advisor for the Naval Hospital, "A lot of the medical officers here are getting out of the service now, and it takes from two to three weeks for their replacements to arrive."

The doctor shortage seems to be an annual happening here.

"It happens every year about this time," Lassiter reported, "between June and July."

During the years, the shortage has apparently gained. Lassiter said that the current shortage seems to be the biggest one yet.

Meanwhile, dependents are advised to utilize the Naval Hospital until the Tarawa Terrace clinic reopens.

28 JUNE 1973 - CAMP LEJEUNE GLOBE

28 JUNE 1973 - JACKSONVILLE DAILY NEWS



21 JUNE 1973 - DR. COLEMAN PROMOTION TO LCDR



21 JUNE 1973 - CAPT PETERS PRESENTS LETTER OF COMMENDATION TO CDR BLANTON UPON HIS DETACHMENT.



22 JUNE 1973 - CAPT PETERS PRESENTS LETTER OF COMMENDATION TO CDR BEVERIDGE (MOR SUPERVISOR) ON HER TRANSFER TO NAVAL HOSPITAL, PENSACOLA, FLORIDA



22 JUNE 1973 - COMMANDING OFFICER PRESENTS LETTER OF APPRECIATION TO HMC SEDRICK (TAD) ON HIS DETACHMENT AND TRANSFER.



22 JUNE 1973 - COMMANDING OFFICER PRESENTS LETTER OF APPRECIATION TO LCDR HOWE ON HER RELEASE FROM ACTIVE DUTY.



15 JUNE 1973 - HOSPITAL CORPS BALL - GENERAL WILKERSON CUTS CAKE.



HOSPITAL CORPS BALL CAKE TO YOUNGEST MAN - HN JAMES E. AMIOT (Age: 17 years and 11 months).



CAKE TO OLDEST MEMBER - HMC LINSAY



CAKE TO YOUNGEST WAVE



HM2 LELAND REENLISTS AT BIRTHDAY BALL.



CAKE TO REENLISTEE.



GEN. WILKERSON ADDRESSES HOSPITAL CORPS



CAPTAIN PETERS AND GUESTS



CAPTAIN PETERS IN FOODLINE



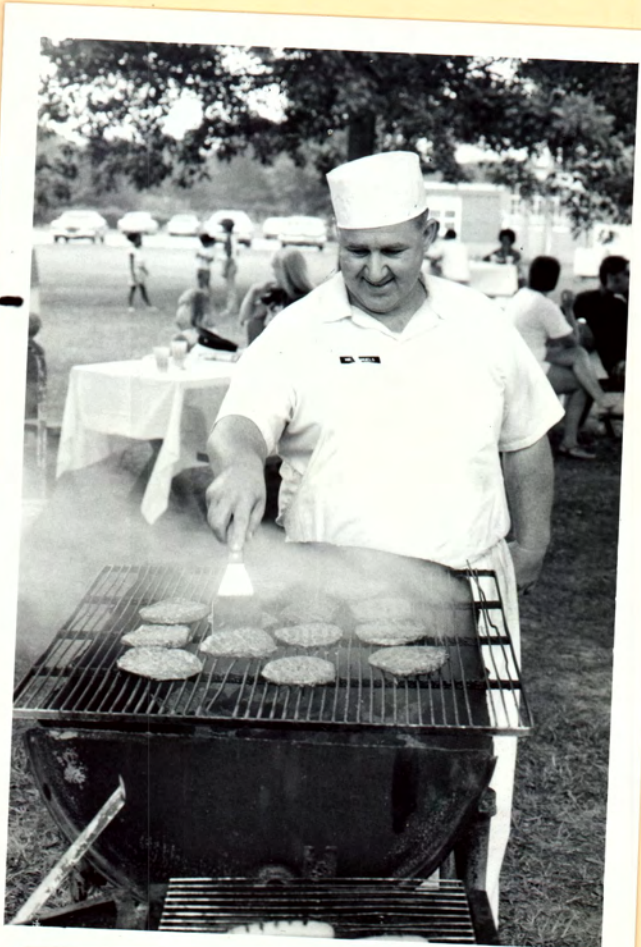
18 JUNE 1973 - HOSPITAL PICNIC



COMMANDING OFFICER THROWS HORSESHOES



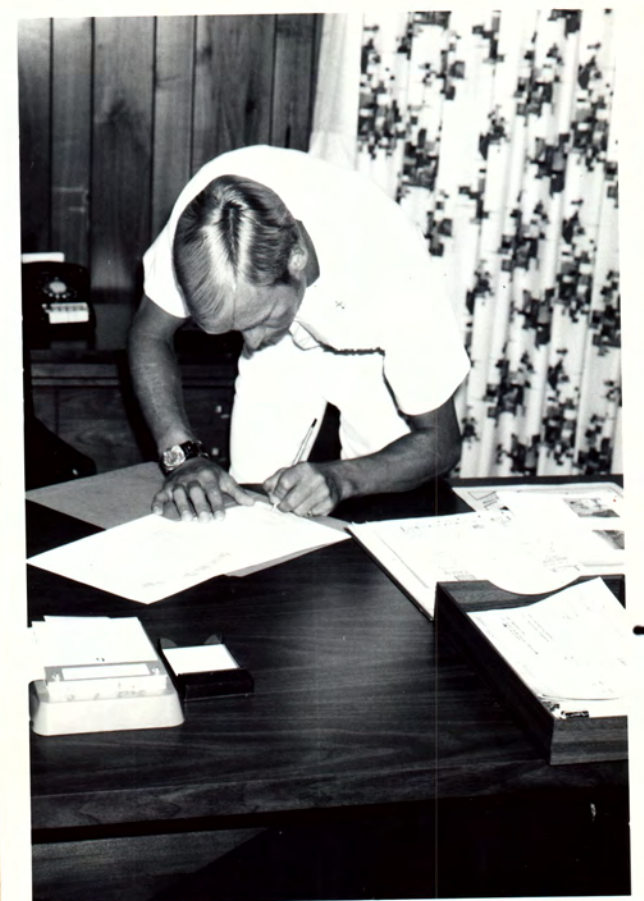
HMC MC CAIN PROVIDES ENTERTAINMENT



PICNIC CHEF



JULY 1973 - ENS STEELE - LETTER OF APPRECIATION.



JULY 1973 - HMC MC CAIN - REENLISTING



6 JULY 1973 - HMC MAXI - REENLISTING



11 JULY 1973 - HMI RIGGIN
REENLISTING



13 JULY 1973 (FRIDAY) - HMI MC COMMON
REENLISTING

Hospital Corps celebrate 75th year

By JOANNE STEITZ

Marston Pavillon was decorated in Blue and Gold last Friday when over 3 hundred Hospital Corpsmen and their ladies celebrated their 75th Anniversary with a gala ball.

Chief George Miller served as Master of ceremonies. He introduced the many dignitaries present which included BGen. and Mrs. Herbert Wilkerson, Commanding Officer Marine Corps Base, BGen. and Mrs. Robert Nichols, C.G. Force Troops, Captain and Mrs. Earl Peters, Commanding Officer Regional Medical Center and Mrs. D.W. Hopping, Division Surgeon.

Gen. Wilkerson announced in his short address to those present that the Serviceman of the Month for July will be selected from the ranks of the enlisted Naval Personnel stationed at Camp Lejeune. He closed by wishing the Hospital Corps "many more years of courageous undertaking."

General Wilkerson also assisted in the cake cutting ceremony. HMC James Amiot, the youngest Corpsman, received the first piece of cake. The oldest Corpsman present, Master Chief Roger Lindsey, received the second piece of cake, HMC Jackie Maraju, representing the Corps Waves received the third, followed by HM 2 Graden Leland, who reenlisted during the Corps Ball.

The evening started with a social hour, followed by a Buffet and dancing.



MASTER OF CEREMONIES Senior Chief George Miller (left), observes while youngest Corpsman, HM James Amiot, receives the first piece of cake from Brigadier General Herbert Wilkerson, C.G. Marine Corps Base. Also waiting for a piece of cake are: Master Chief Roger Lindsey, oldest Corpsman present, HM Jackie Maraju, representing the Corps Waves, and HM 2 Graden Leland who reenlisted during the Corps Ball. (Photo by Joanne Steitz).

★★



UNUSUAL RE-ENLISTMENT—HM2 Graden Leland chose the evening of the Corps Ball to re-enlist for four more years. Leland is being sworn in by Capt. D.W. Hopping, Division surgeon. (Photo by Joanne Steitz).

ENJOYING THEMSELVES at the festivities are Chief and Mrs. Bill Brown. This will be the last ball Chief Brown will attend as a corpsman. He will pin on ensign bars next month and will serve as an officer in the Medical Service Corps. (Photo by Joanne Steitz).

"CAMP LEJEUNE GLOBE" 12 July '73

Navy hit by shortage of physicians

The Medical Department's shortage of physicians here is also being experienced throughout the Navy.

According to officials of the Naval Regional Medical Center here, "This reduction of medical officers is the result of a decrease in the overall force levels. Due to this decrease, a big gap exists between the time doctors who are completing their service leave and new doctors arrive. This shortage is expected to last through most of this month."

However, the Dependents' Clinic at Tarawa Terrace, closed since June 21, will re-open with a full schedule on July 16.

Changes in physical examination procedures for FMF, MCB, and Navy personnel will also be effected. Starting July 16, all personnel in the area, regardless of their command, will utilize one of three examination facilities, Central Area Branch Dispensary (Bldg. 15), Courthouse Bay Area Dispensary or Branch Dispensary and MCAS(H), New River.

Utilization of these facilities will be determined by geographical location. Those personnel located at the east of New River, which includes Hadnot Point, French Creek, Montford Point, and Beach Area less Courthouse Bay, will utilize Bldg. 15; those personnel located at Courthouse Bay will utilize that facility, and those personnel located on the west bank of New River, which includes the Rifle Range, Camp Geiger and the Air Station, will use the Air Station Dispensary. All aviation physicals, regardless of command or location, will be conducted by a flight surgeon at New River.

"CIVILIAN GUIDEPOST" 19 October 1973

NAVAL HOSPITAL EMPLOYEES RECEIVES AWARDS



Mr. Buren D. Samuels, Meatcutting Worker; and Mr. Earnest Hill, Jr., Cook; Food Service Division, Naval Hospital, were recently presented cash awards for adoption of their beneficial suggestions. Shown with the award recipients is Lt. Alan W. Frost MSC USN, Chief of the Food Service Division.

Mr. Samuels suggested that a guard rail be installed in the passageway outside the Scullery to prevent chow carts from bumping against the walls, thereby chipping plaster and damaging walls. Investigation of his suggestion revealed that due to excessive damage, maintenance of these walls has been accelerated to every two years instead of the normal cycle of every four years. Mr. Samuels received an award of \$45 based on a one time tangible savings of \$408.

Mr. Hill suggested that a stainless steel plate be clamped to the side of deep fryers in order to reduce the amount of grease spilled on the table and floor in the galley. Adoption of his suggestion materially reduced the amount of grease spilled. Mr. Hill received an award of \$35 based on intangible benefits.

AWARD PRESENTATION BY EARL R. PETERS, CAPTAIN MC USN
DIRECTOR/COMMANDING OFFICER, NAVAL REGIONAL MEDICAL CENTER

PLACE: DIRECTOR/COMMANDING OFFICER'S OFFICE

DATE: 24 September 1973

TIME: 1330

1. EARNEST J. HILL - \$35 for Beneficial Suggestion to install a stainless steel plate to side of deep fryer to reduce amount of grease spilled on table and floor.

Award is based on intangible benefits derived.

2. BUREN D. SAMUELS - \$45 for suggestion to install a guard rail along the walls in passageway outside the scullery to prevent chow carts from bumping and damaging walls.

Award is based on tangible benefits - one time savings of \$408 on the maintenance of these walls.



16 JULY 1973 - ADVANCEMENTS -
HM2 LEE, HM3 FLOUNDROY

FAMILY PRACTICE CLINIC

It's working

The Family Practice Clinic, a newly organized dependents clinic, is getting great response from its users.

The clinic has been in operation since Aug. 1. It offers medical help all military dependents over 12 years of age.

According to the CO of the Naval Hospital, "The Clinic is enjoying a highly successful beginning from its new service and this success may be largely attributed to the cooperation and understanding of our patients."

The clinic, located on Ward 1 at the Naval Hospital, was the once "walk-in" dependent's clinic. At that time, dependents just walked in, signed a check-in sheet and then waited to be treated. Now, the clinic is seeing all non-emergency patients by appointments only. It acts as what some call a "family doctor."

Because of the appointment system, waiting time is reduced. According to the clinic's report, "appointments have substantially reduced waiting time in the clinic; however, the clinic is receiving only about 40 percent of the appointments by phone. This creates longer waits for the "walk-in" patients who must first be scheduled and then wait their turn."

To avoid tiresome waiting, dependents are urged to make appointments and not use the "walk-in" method. For appointments call 451-3011 and ask for Family Practice.

The Clinic is open Monday through Friday, from 8 a.m. to 4 p.m.

30 AUGUST 1973 - CAMP LEJEUNE GLOBE



HM2 LEROY EDWARD MACE - BLUEJACKET OF
THE QUARTER - JULY - SEPTEMBER 1973

IN INTERSERVICE FAST-PITCH SOFTBALL

Sailor represents Marines

By LCpl. Bill Henderson
"If I should die, bury me six feet under home plate that way I'll always be able to know what's going on."
These are the feelings of HM2 D.R. Turner - Camp Lejeune's only representative to the interservice fast pitch softball tournament at Ft. Benning, Ga. last week.

He is a dedicated ball player who hails from Kinston, N.C., who trains hard yet says he probably won't play next year because it keeps him away from home too much.

Although being a sailor, he helped the All-Marine team hold third place in the tournament behind the Air Force and Army.

Marines finished third but felt the satisfaction of

once beating the Air Force team 1-0 during the tournament.

In the opening game, Air Force fell to the Marines in a tough eight inning clash. In the second game, the Marines lost to the Navy team 2-1 but managed to bounce back and nail the Army 1-0 in the third game for their second win. In the fourth game, the Marines met the Air Force again and lost 5-1 yet managed to bounce back to beat Navy 5-4 but lost to Army 1-0 to finish in third place.

Turner held down the shortstop position for the All-Marine team and pointed out that he didn't feel out of place being a sailor on the Leatherneck Squad because he was there for the competition. He said he was proud

to represent the Marines of Camp Lejeune but was also proud to play in the tournament.

He was no stranger to the tough action of the interservice competition since this is his third year to play.

Turner said, "I would have played four years running but I broke my elbow in 1970 and could not play." "It was real tough this year," Turner interjected, "while we were at Ft. Benning, the temperature was 97 degrees and better than 100 on that open field. We took a lot of salt pills and drank gallons of 'Gatorade'."

The days of fast pitch softball are drawing to a close according to Turner. The players are getting older and are inclined to lean more toward the slow pitch game.

He said, "If I had my choice between my wife and softball—I'd probably give up an out."

Turner said when he played at Norfolk, Va.—he was on the road as much time as many men were at sea.

Since he came to Camp Lejeune and began working in the personnel office at the Naval Hospital—he was on the road a great deal of time with the team, plus practicing after work resulted in leaving him little time with his family.

Next year he plans to compromise and play slow pitch. A game of softball—but the competition will keep him closer to home.

6 SEPTEMBER 1973 - CAMP LEJEUNE GLOBE

FRISBEEES ON A ROOFTOP

Hospital staff praised



By Rose Marie Hayes

FROM THE IVORY TOWER — having always had the urge to start out a column as if it originated "somewhere out there, high above the hustle and bustle of the city", I now take journalistic license and ramble a bit, since no news was turned in by anyone for release this week in Frisbees.

Having spent the past week in Ward 5 of the U.S. Naval Hospital, and having had the occasion to be there in July also, both times for eye surgery, I take this time to publicly praise the doctors, nurses, technicians, dieticians, Corps Waves, and corpsmen there. The pre-operative and post-operative care were top flight as has been the associated out-patient care, and the menu offered enough variety to suit any individual's choice.

There are many unsung heroes and heroines working 24 hours a day to care for the medical needs of military and dependent patients. One always hears the gripes and complaints, and just for this once, publicly, this time the hospital personnel will hear a very sincere "thank you".

4 OCTOBER 1973 - CAMP LEJEUNE GLOBE



Photo by Sgt. Dan Haberger

AVID SOFTBALLER—HM2 D.R. Turner eyes a softball bat with the same love a violinist would have toward his Stradivarius. Turner returned to the Interservice Fast-pitch Softball Tournament for a third straight year only this time he was a sailor representing the Marines of Camp Lejeune and the Marine Corps. Turner helped spike the Marine team into third place in the tournament and sparked the Leathernecks in their win over the powerhouse Air Force, 1-0.



28 SEPTEMBER 1973 - BM2 UEDA REENLISTING



11 SEPTEMBER 1973 - LCDR COWAN PROMOTION



26 JULY 1973 - HM1 THOMAS - REENLISTING



31 JULY 1973 - DR. CROW - PROMOTION



2 AUGUST 1973 - NURSE CORPS OFFICER PROMOTIONS



7 AUGUST 1973 - GMC2 BROPHY - REENLISTING



7 AUGUST 1973 - DR. LIEBOWITZ PROMOTION TO LCDR



10 AUG. 1973 - LT CAMPBELL - PROMOTION FROM LTJG TO LT



10 AUG. 1973 - LT DAILY - PROMOTION FROM LTJG TO LT



10 AUG. 1973 - LT LINDELOF - PROMOTION FROM LTJG TO LT



10 AUG. 1973 - LCDR HMEL - PROMOTION FROM LT TO LCDR

16



16 AUGUST 1973 - LT FORTUNA - PROMOTION
LT FROM LTJG

"CAMP LEJEUNE GLOBE" 26 July 1973

Snake bites are bummers

By Sgt. Bob Settle
Green and mean isn't enough! During the summer months local snakes are active and "couldn't care less" if their victims are Marines or their dependents. To date this summer the Naval Hospital has treated seven snake bite victims, none fatally. Marines between the ages of 19 and 25 have accounted for five of these cases, while female dependents, ages 8 and 13 accounted for two cases.

The venomous reptiles don't always

remain in damp wooded areas. Two victims were bitten at local beaches and two others were at Tarawa Terrace.

Medical authorities advise first aid treatment for bite victims. All victims should remain calm and avoid any running or drinking of stimulants. Persons bitten on their limbs (arms or legs) should apply some type of constricting band (boot blousing garter, a belt or torn shirt sleeve) between the wound and the body. Special care should be taken in applying the constricting band, so circulation is not stopped.

Persons with bites on their body should remain calm and lay in a prone position whenever possible. Lancing or cutting of the bite area should be done only by medical authorities.

Under no condition should ice be applied to the infected area. This may increase the disease or illness rate.

After first aid measures have been taken, proceed to the Naval Hospital or the nearest medical facility.

Although less than one percent of snake bite victims die, at least 24 hours of hospitalization is required from the illness that occurs.

Poisonous snakes found in this area include rattlesnakes, copperheads, cottonmouths and coral snakes.



Lejeune's Naval Regional Medical Center extends area of patient eligibility

CAMP LEJEUNE — The Camp Geiger Dependents Clinic has extended its area of eligibility to allow more dependents the use of the facility. Before the new boundaries of Highway 17 were made, only active duty

dependents residing south and west of the New River were eligible to receive medical care at Camp Geiger. With the new boundaries, active duty dependents who reside north

of Highway 17 are eligible for care at Geiger. Residential areas in the boundaries include: Northwoods, Northwoods Park, Sherwood Forest, Long Acres, Cardinal Village and adjacent areas.

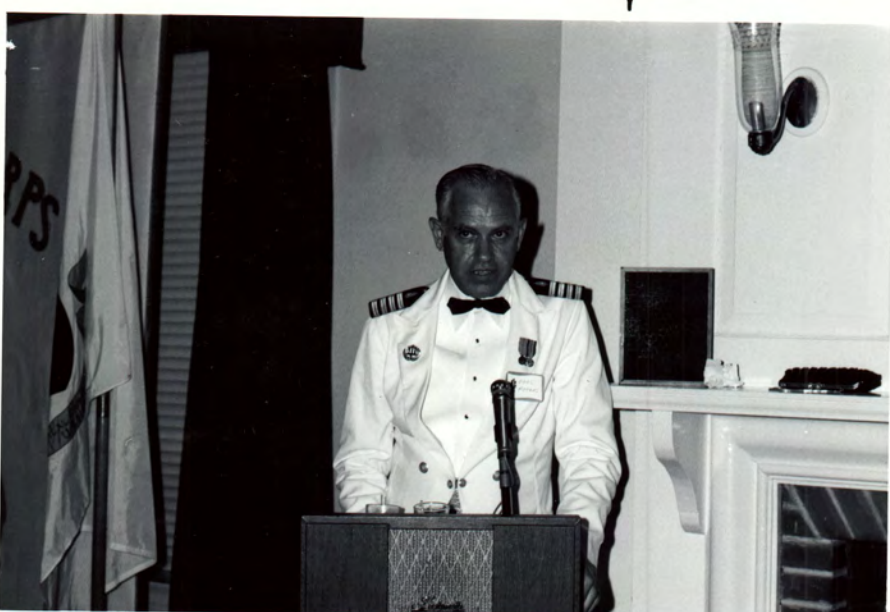
The clinic will continue to operate as it has in the past. Visits may be scheduled by dialing 451-0322-0558 or 9105. Patients are encouraged to call for appointments.

Walk in patients will be assigned to the earliest available time except for emergencies.

Schedules for first visits will not be made prior to the afternoon of the day preceding the day the patients wish to be seen. If there is a vacancy patients may be seen on the same day they call.

Once patients have been given an appointment, they should be at the clinic 15 minutes prior to the schedule time. Patients should check in at the Reception Desk.

31 JULY 1973 - WILMINGTON STAR NEWS



11 AUGUST 1973 - MEDICAL SERVICE CORPS
ANNIVERSARY



BRIGADIER GENERAL NICHOLS





14 AUGUST 1973 - LETTER OF COMMENDATION TO TECH SGT WOOLDRIGE



14 AUG. 1973 - OFFICER PROMOTIONS (left to right) DR. PETERS, DR. PREDD, DR. MC ELVEEN, DR. WHITAKER, and DR. STOTKA



16 AUG. 1973 - PROMOTIONS - HM3 GLIEBE, HM3 O'NEAL, & HM3 SELLERS



16 AUG. 1973 - PROMOTION - HM2 YOUNG



16 AUG. 1973 - SERVICE WOMAN OF THE MONTH - HN SHULL



HAIL AND FAREWELL - DR. WAGNER.
24 JULY 1973 - (Left to Right) Dr. KELLEY and Dr. WAGNER



CAPTAIN W. J. WAGNER, MC, USN
EXECUTIVE OFFICER
7-1-72 - 7-1-73



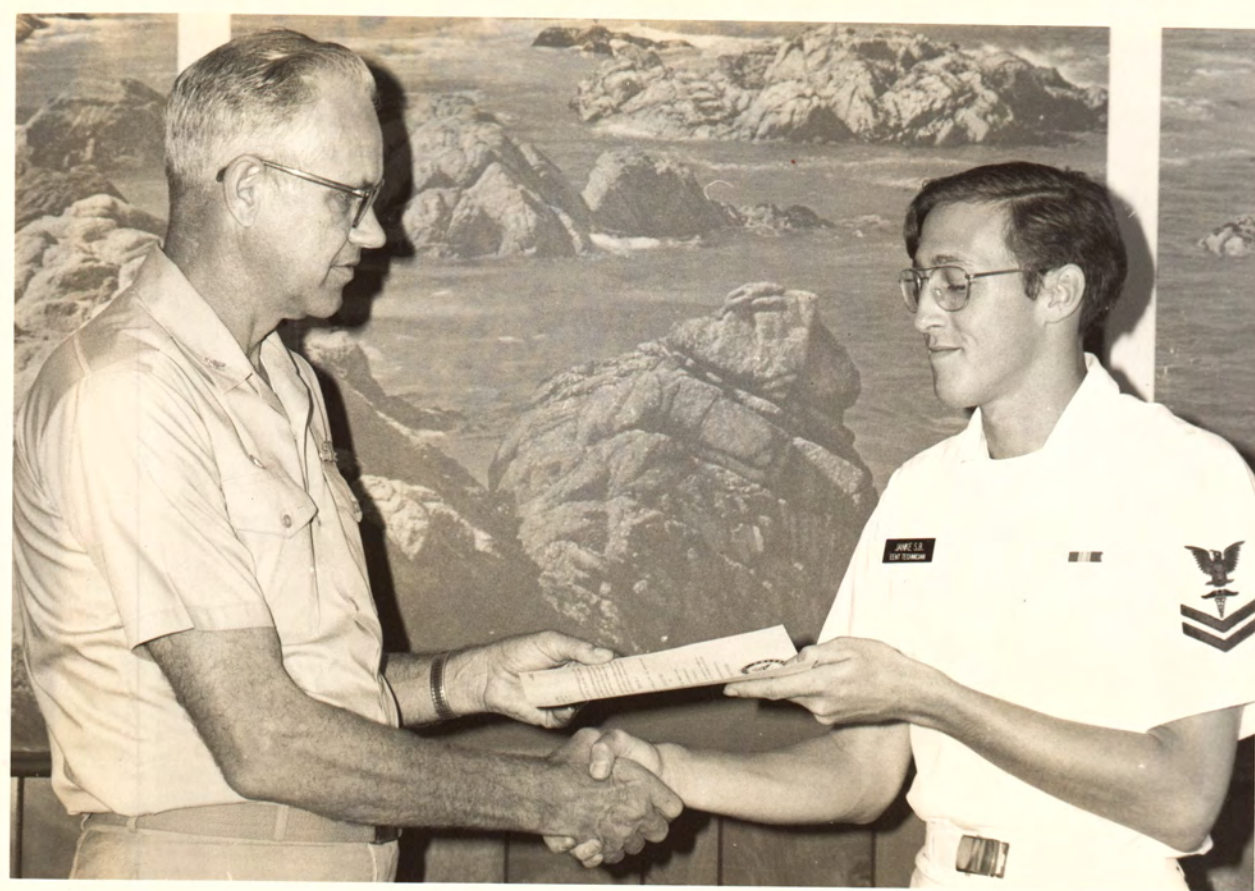
SEPT. 1973 - ADVANCEMENTS - HN AMENTA AND HN LAWRENCE



17 SEPT. 1973 - ADVANCEMENT HM3 STANLEY



17 SEPT. 1973 - ADVANCEMENT -
HM3 TURNER



17 SEPT. 1973 - ADVANCEMENT -
HM3 JANKE



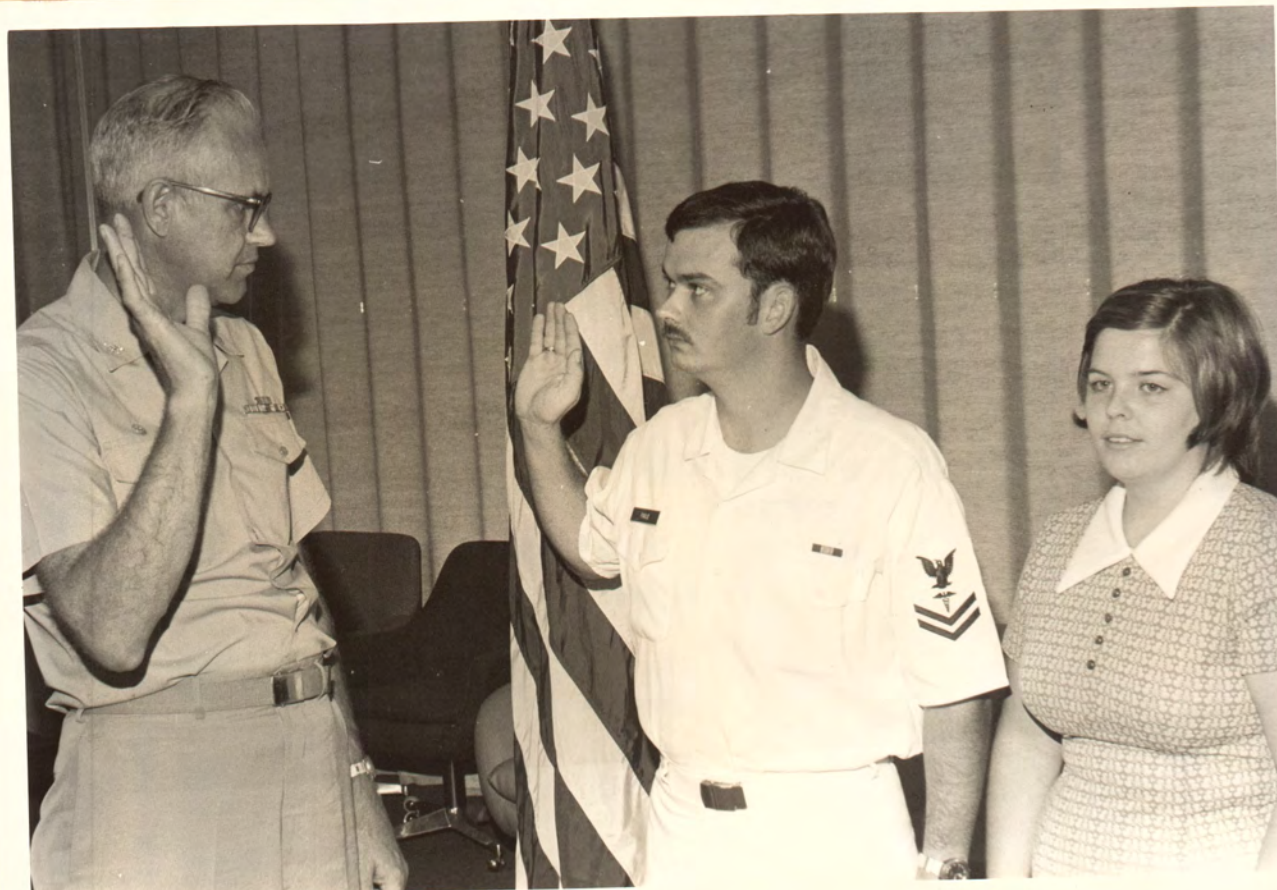
17 SEPT. 1973 - ADVANCEMENT -
HM3 SCHWARTZ



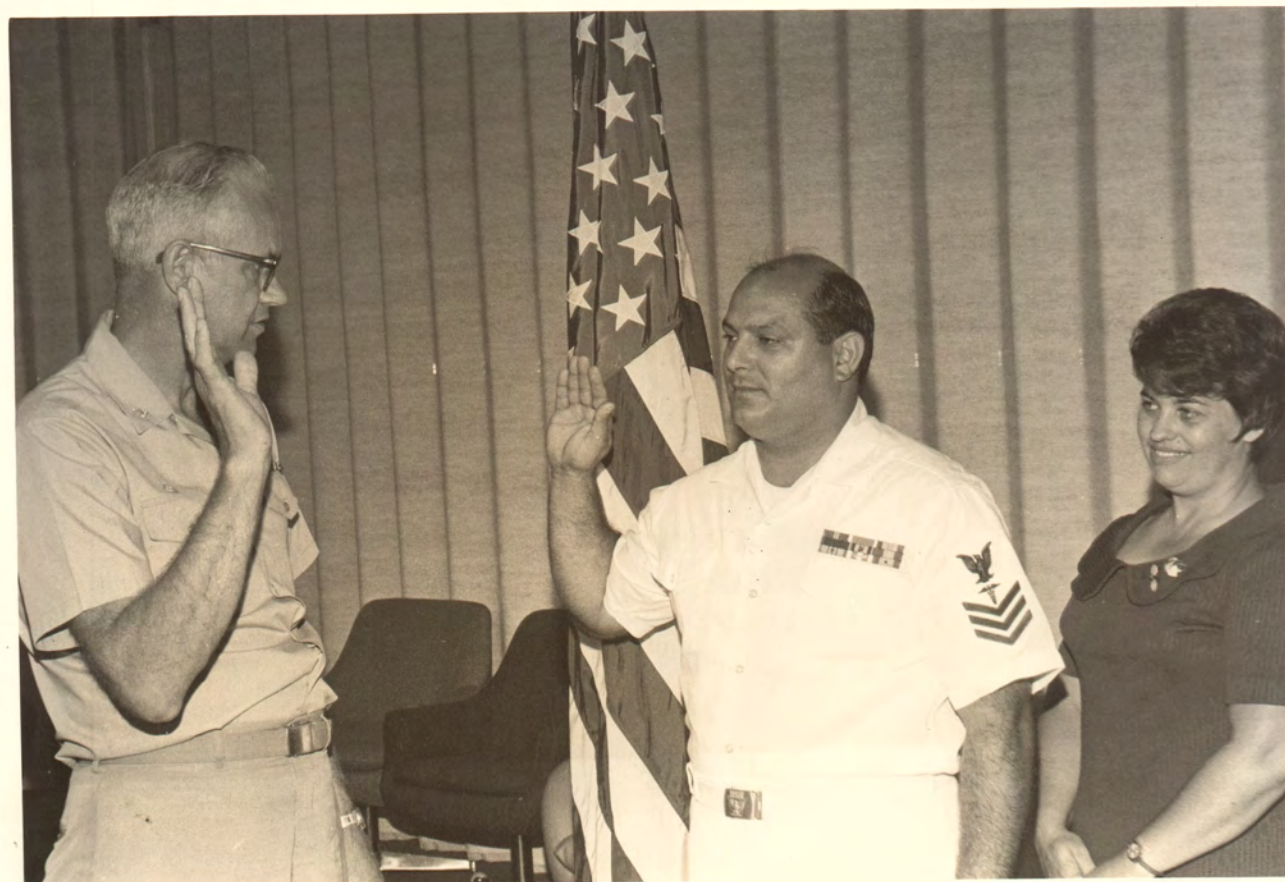
17 SEPT. 1973 - ADVANCEMENT -
HN SWINDELL



COMMANDER J. I. MYERS,
MSC, USN
ADMINISTRATIVE OFFICER
8-3-72 - 8-29-73



1 OCT. 1973 - REENLISTMENT -
HM2 POOLE



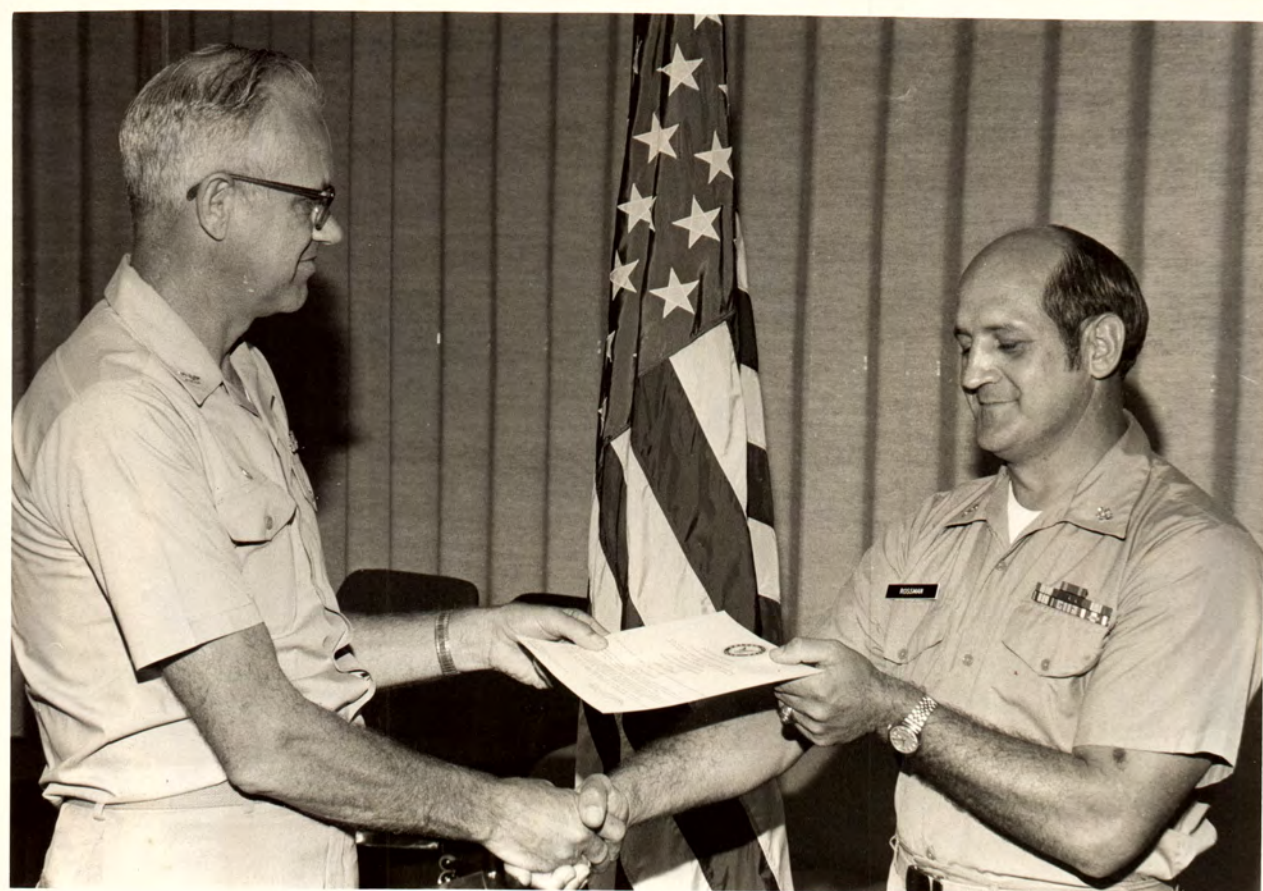
17 OCT. 1973 - REENLISTMENT -
HMT LOSITO



9 OCT. 1973 - LETTER OF COMMENDATION -
LCDR WENTWORTH



15 OCT. 1973 - LETTER OF COMMENDATION -
LCDR CLARKE



15 OCT. 1973 - ADVANCEMENT -
HMCS ROSSMAN



15 OCT. 1973 - ADVANCEMENT -
HMCS APPOLONEY



15 OCT. 1973 - REENLISTMENTS -
HMCS APPOLONEY and HMCS POWELL



17 SEPT. 1973 - ADVANCEMENT -
HM3 SHOCKLEY

Military Bases Note Doctor Shortage Since Draft's End

By JOHN COIT
Staff Writer

A shortage of military doctors is turning up at the two major military medical centers in North Carolina and the future isn't bright in the wake of a Nixon administration proposal that might wipe away the entire medical corps of all services.

Spokesmen at both Camp Lejeune near Jacksonville and Ft. Bragg near Fayetteville say they have had a shortage of medical doctors for several months and expect a more serious situation to develop in the near future.

The problem is largely due to the ending of the draft. Medical school graduates are no longer pressured into the service by the draft nor induced to volunteer for military duty since the end of involuntary induction.

Proposed Study

A proposed study of the military medical system has Department of Defense officials worried that eventually the medical corps of all the services will be eliminated.

A memo outlining the proposed study came from the Office of Management and Budget, signed by Director Roy Ash.

"The military medical care system has used military personnel and facilities to care for servicemen and their dependents," Ash wrote, adding that free or nominally priced care of all kinds has come to be expected by the families of all 2.2 million members of the military services.

The memo continued, "... The Administration's commitment

The News and Observer

Thursday, September 27, 1973 Raleigh, N. C.

Page 49

to an equitable health system for all Americans suggests that these traditional assumptions should be re-examined."

The memo proposes several alternative courses of action.

— Civilianizing military medical services to offset the military doctor shortages.

— Cutting off dependents and retirees from the military health care system, which would affect some 4.5 million persons.

— Eliminating some services all together.

— Requiring military men and their families to pay for specialized services like eye care, dental or psychiatric treatment and some prescription drugs.

— Making direct cash payments and allowing servicemen and their families to seek out medical care of their own.

— Or, adopting a medical insurance program run by the Pentagon, but similar to Blue Cross-Blue Shield.

Ash's proposal does not explain how medical care would be provided in war or other emergency situations.

Not Critical

Navy Capt. Earl R. Peters, director of the Navy Regional Medical Center at Camp Lejeune, said Wednesday he has a shortage of doctors now, but doesn't feel the situation has reached a critical level.

Peters said the center doesn't employ civilian doctors contracted by the government.

He said the Navy expects more shortages at Lejeune with a peak in June or July.

"We won't know until then the extent of the shortage," he said, "but we have no plans to curtail any of our facilities at this time."

Army Capt. Tom Conrad, a public information officer at Ft. Bragg, said officials at Womack Army Hospital told him Wednesday they are also in need of more doctors. The situation at Ft. Bragg was worse several months ago, Conrad said, but new doctors have been assigned at the paratroop base in the last several weeks, improving the situation.

Conrad said hospital officials anticipate more shortages because of the draft's end.

Expansion Program

Womack has a \$4.4 million expansion program under way, Conrad said officials at the center would not speculate about the Ash memo.

Traditionally, medical school graduates are given direct commissions into the medical corps of a particular service at the pay grade of O-3 (Army captain). They are paid the same as an infantry officer or flight officer of the same grade, except for extra proficiency, flight or jump pay if the doctor is a flight surgeon or battalion surgeon with an airborne unit.

The armed forces offer scholarships to medical students in return for service in the military as an inducement to voluntarily enlist.

In dental officers have always been a scarcity in the military and many bases have restricted dental care to servicemen only — excluding dependents and retirees.



Graveyard Shift

By Sgt. Claude Bice
Watching the streams of traffic pour from Camp Lejeune every afternoon, one might think the base closes down with the end of each day ... it doesn't.

In this city of 50,000, work continues around the clock, including a "graveyard shift". There are many rarely mentioned jobs on the midnight to 8 a.m. shift. MPs, repairmen, taxis, firemen, cooks and various office workers to name a few.

The base MPs are always on call and have 10 trucks on duty every night, including six on base, two in Jacksonville and two covering the housing areas. Emergency Maintenance is available for anything from electrical problems in the home to disabled vehicles. At all times, there are at least two plumbers, an electrician and air condition repairman on call 24 hours a day. Maintenance also has a "hot line" to the fire department in case a problem turns out to be more than expected. Naturally, the fire department is on duty at all times at stations located throughout the base and housing areas.

Base Motor Transport operates two military taxis at night. These two vans attempt to cover the entire Lejeune area providing

transportation to military personnel after hours.

Several offices, like Data Processing, have "graveyard shifts" to handle the volume of work entailed in keeping information up to date for all personnel on base.

Medical care is always available around the clock at the Naval Hospital. Doctors are on duty for emergencies and ambulances are on call.

How does it feel to work the "graveyard shift"? Sgt. Charles Parks, Base Motor T, thinks it's great. "When I get off in the morning, I grab my fishing pole and head for the lake."

Pvt. George Moon, Hq. Bn., 2d Division, has become adjusted to the hours. "But I don't think my wife ever will."

One Marine summed it up this way. "I'd just as soon work at night when the sun is gone and the noise from automobiles has disappeared. I can concentrate on my work better."

Activity at Camp Lejeune is unending. Still unmentioned are all the duties of the base sentries, barracks watches, fire watches and many others.

As the sun rises, all of these men are ready to get their good day's sleep before another night's work begins.

VEHICLES A-GO GO — Many vehicles pass through Camp Lejeune between the hours of midnight - 6 a.m.

Photos by Sgt. Rich Moffett

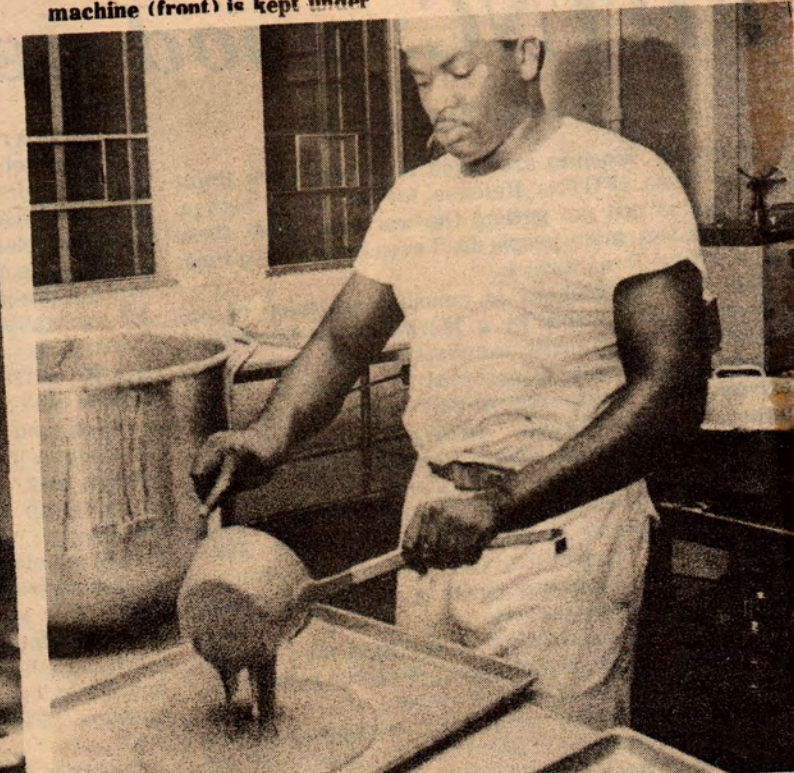


EARLY MORNING — Sgt. Bruce Kerr (Division Reception Center) welcomes PFC William Ramsdell to Camp Lejeune. The reception center has a man on duty 24 hours to ensure that each and every Marine is given barracks instruction, assigned a rack and given a club pass until he is assigned to a unit.

ON DUTY — As nurse Lt. Maureen McCain says many people hesitate to come into the Naval Hospital's emergency room late at night when they have a serious problem. But as Miss McCain explains — "that's our reason for being here!"



WATCHFUL EYES — Under the watchful eyes of LCpl. Bobby Young (Base Data Processing) the print out machine (front) is kept under constant watch. Young relays the information put out by the machine to the computer operator.



YUM YUM — Pvt. George Moon (HqBn. Div.) prepares sheet pan cake for the next day's meal. Arriving at 1 a.m., Moon must prepare the cakes plus 30-50 pies before the morning meal.



CHAMPION OF THE FIFTH NAVAL DISTRICT TALENT CONTEST - HA JOSEPH A. LUCAS, USN



6 SEPT. 1973 - CAMP LEJEUNE GLOBE



16 OCT. 1973 - O. J. T. CERTIFICATE (HEART STATION) - HN CLINTON



16 OCT. 1973 - LETTER OF APPRECIATION HM2 VAN NOSTRAND



16 OCT. 1973 - O. J. T. CERTIFICATE (ORTHOPEDICS) - HN HARRISON



16 OCT. 1973 - MR. FELTON RECEIVES CASH AWARD FOR CIVILIAN EMPLOYEES IN FOOD SERVICE DIVISION.



16 OCT. 1973 - ADVANCEMENTS TO HN

"CIVILIAN GUIDEPOST" 19 October 1973

NAVAL HOSPITAL EMPLOYEES RECEIVES AWARDS



Mr. Buren D. Samuels, Meatcutting Worker; and Mr. Earnest Hill, Jr., Cook; Food Service Division, Naval Hospital, were recently presented cash awards for adoption of their beneficial suggestions. Shown with the award recipients is Lt. Alan W. Frost MSC USN, Chief of the Food Service Division.

Mr. Samuels suggested that a guard rail be installed in the passageway outside the Scullery to prevent chow carts from bumping against the walls, thereby chipping plaster and damaging walls. Investigation of his suggestion revealed that due to excessive damage, maintenance of these walls has been accelerated to every two years instead of the normal cycle of every four years. Mr. Samuels received an award of \$45 based on a one time tangible savings of \$408.

Mr. Hill suggested that a stainless steel plate be clamped to the side of deep fryers in order to reduce the amount of grease spilled on the table and floor in the galley. Adoption of his suggestion materially reduced the amount of grease spilled. Mr. Hill received an award of \$35 based on intangible benefits.



19 OCT. 1973 - REENLISTMENT - HM1 HALL



26 OCT. 1973 - PROMOTION - LTJG CHARRINGTON - FROM ENS TO LTJG



29 OCT. 1973 - REENLISTMENT - HM2 BAKER



30 OCT. 1973 - LETTER OF APPRECIATION TO LT JANE MASON



31 OCT. 1973 - LETTER OF APPRECIATION TO HM3 MENDOZA



2 NOV. 1973 - COMMANDING GENERAL'S LETTER OF COMMENDATION PRESENTED TO HM2 LASSITER BY COL COOK.



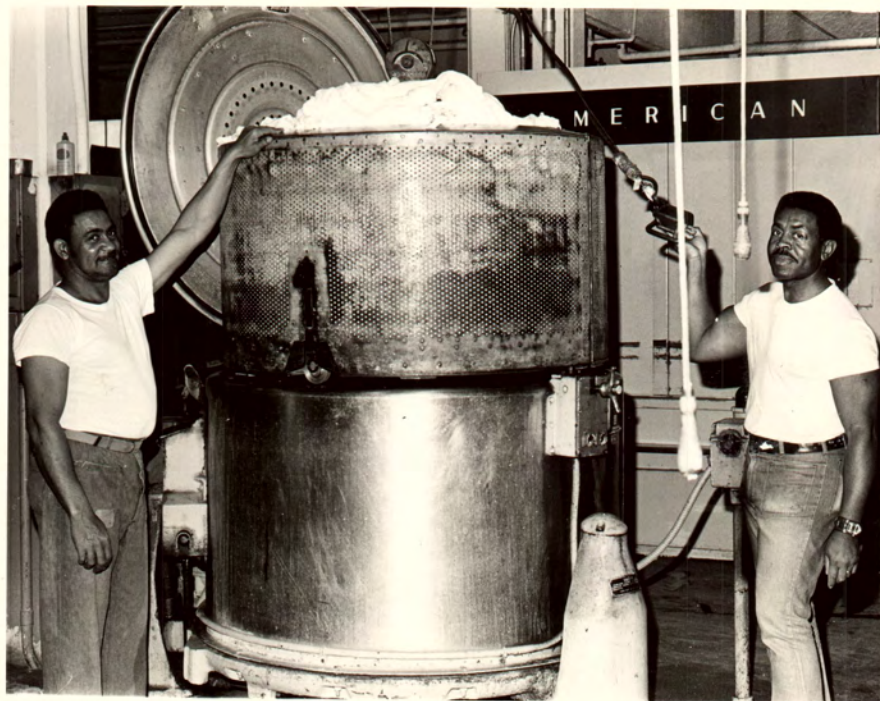
8 NOV. 1973 - AUGMENTATION - LT CAMPBELL
Left to Right - LCDR LUDWIG, LT CAMPBELL
Mrs. CAMPBELL AND CAPT REDGATE



2 NOV. 1973 - RETIREMENT - HM1 KNEFEL



9 NOV. 1973 - MRS. VICTORY - DONATION
OF STRYKER FRAME



Artice WILLIAMS and Althastus CHADWICK -
Laundry Machine Operators



, Mildred S.
MURRELL, WG-4, Sherman COLLINS, WG-1;
Lois HILL, WG-4; Aronie WILLIAMS, WG-1
- Food Service Workers. Fletcher SHEP-
ARD, Cook Foreman, WS-8



Sadie HILL and Bernie S. MIKEAL - Clerk
Dictating Machine Transcribers, Patient
Affairs.



Patsy J. HULL - Military Personnel Clerk
(Typing), GS-5, Personnel



James R. METTS - Stockman Leader
Fiscal-Supply



KENNETH RHODES - Stockman, WG-6
Food Service



Paul MURPHY, Albert KEEL - Pipefitters
WG-10, Maintenance



Shirley A. BETZEN - CLINICAL NURSE



9 NOV. 1973 - REENLISTMENT - HM3 DIOSS



16 NOV. 1973 - CARDIO-PULMONARY TECH
PRESENTATION - HN
PORSCHKE

"CAMP LEJEUNE GLOBE" 16 November 1973



PROUD MOTHER — Mrs. Terry L. Hines beams approval of her daughter, Tracy Nicole, born at 6:22 a.m. on Nov. 10. Tracy was the first Marine baby born at the U.S. Naval Hospital on the Corps' 198th anniversary. To commemorate the occasion, the

Camp Lejeune Chapter of the Navy Relief Society presented Mrs. Hines and her husband, PFC Hines of Truck Co., H&S Bn., 2d FSR, Force Troops, with a scarlet and gold layette (inset) for Tracy Nicole.

Photo by LCpl. Roy Brooks

Another Marine 'first'

PFC and Mrs. Terry L. Hines had more than the usual reasons to celebrate the 198th anniversary of the Marine Corps.

Their daughter, Tracy Nicole, was born at 6:22 a.m. on Nov. 10 at the U.S. Naval Hospital and was the hospital's first Marine Corps birthday baby.

Tracy Nicole will be the star of the baby set when her parents dress her up in the Corps' colors as the Camp Lejeune Chapter of the Navy Relief Society presented the Hines with a scarlet and gold layette

to signify Tracy's birth on the Marine Corps birthday.

The layette, sewn by volunteer workers, was presented by Mrs. S. Jaskilka, honorary chairwoman of volunteer women, and Mrs. Thomas Terrell, layette chairwoman.

PFC Hines is a member of Truck Co., Headquarters and Service Bn., 2d Force Service Regiment, Force Troops.



16 NOV. 1973 - HM2 TURNER - SOFTBALL FAST PITCH CHAMPIONSHIP AWARD



16 NOV. 1973 - BENEFICIAL SUGGESTION - HM1 COOPER



16 NOV. 1973 - BENEFICIAL SUGGESTION - HN VINCENT



16 NOV. 1973 - HN ADVANCEMENTS



16 NOV. 1973 - LETTER OF APPRECIATION - HM1 BURTOFT - ALCOHOL REHAB UNIT



20 NOV. 1973 - OPENING OYSTERS - BOSSES NIGHT - (Left to Right) - CAPT STOTKA, CDR GEHRING, HMCM LASSITER, CAPT PETERS, and ENS DUNCAN



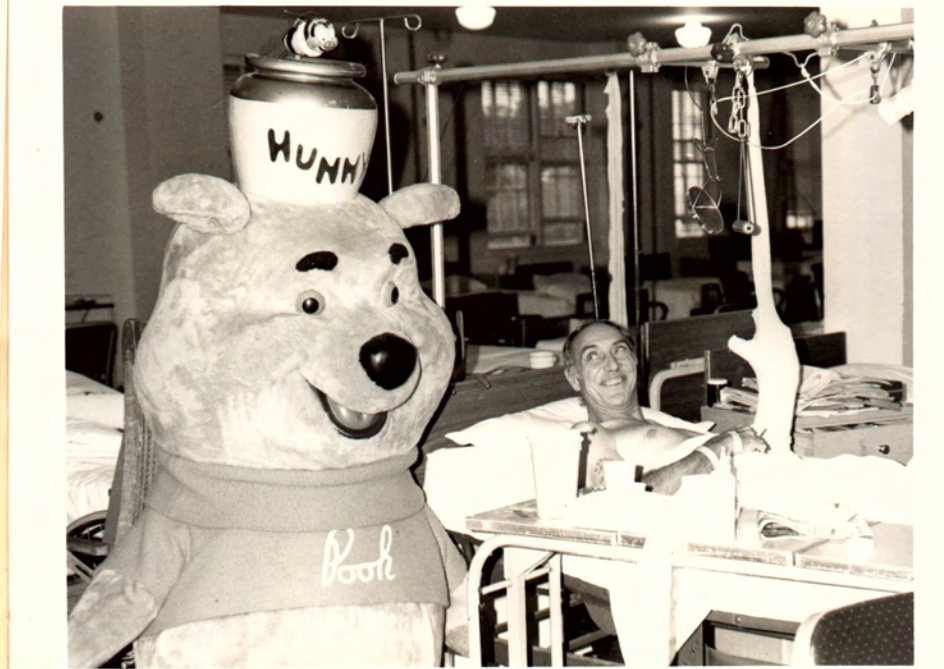
21 NOV. 1973 - DPC CARTER - REENLISTMENT



28 NOV. 1973 - COMPLETION OF CORRESPONDENCE COURSE FOR SUPERVISORS - (Left to Right) - WILLIAM STEWART, CAPT PETERS, and PEARL ROBINSON.



21 NOVEMBER 1973
WINNIE THE POOH'S VISIT





28 NOV. 1973 - REENLISTMENT -
HM2 LUNDBERG



LETTERS FOR OUTSTANDING PERFORMANCE -
(Left to Right) THOMAS MARTIN, MARY BANKS,
MADELINE COLLIER, DIMMIE DENNIS, CAPT
PETERS, PEARL ROBINSON, SARAH THOMPSON,
SANDY COAN, JEAN SMITH, and WARREN WHALEY.



30 NOV. 1973 - PROMOTION ENS CLEMETT
TO LTJG (Left to Right) CAPT PETERS;
CDR HOOKER, Assistant Chief Nurse;
LTJG CLEMETT; CDR CRAFTS, Chief of
Anesthesia Section.



5 DEC. 1973 - RETIREMENT OF MRS. BALDWIN
FROM RED CROSS.



9 DEC. 1973 - PROMOTION - DR. MESSER
TO CAPTAIN.



10 DEC. 1973 - DOUBLE REENLISTMENT -
HM1 LENGAN & HM1 SMITH
(Left to Right) LCDR SCHUBERT, HM1
SMITH, CAPT STOTKA, HM1 LENGAN, and
HMCS ROSSMAN.

Civilian Guidepost

Compiled and Edited by

CIVILIAN PERSONNEL OFFICE, MARINE CORPS BASE, CAMP LEJEUNE, NORTH CAROLINA

Volume 18 No. 24

30 November 1973

SPOTLIGHT

... SHINES ON ...

FOOD SERVICE DIVISION OF NAVAL HOSPITAL

We are all familiar with the saying, "the show must go on"; but few of us realize just how applicable the meaning behind that saying is to other work situations. Lieutenant Alan W. Frost, Chief of Food Service Division, recently brought to our attention another "must-go-on" situation. There is no "show" need at the Naval Hospital; but there is an urgent need for continuous "service," and regardless of the circumstances that "service must go on."

During fiscal year 1973, several unusual and adverse situations arose within the Food Service Division which "taxed to the limit" the skills and abilities of the civilian employees of the Division. While these employees responded to the hardships at hand in a superlative fashion, supervisors were unable to single out individually outstanding performances. The cooperation, adaptation, and dedication of the group as a whole, according to Lt Frost, was deserving of recognition; and upon his recommendation, the Food Service employees shared a Special Achievement Award (\$750).

Captain Earl R. Peters, Commanding Officer of the Naval Hospital (top right photo) extends his congratulations and presents his letter of award recognition to M. L. Felton, Cook General Foreman. Mr. Felton accepted the award in behalf of all Food Service Division employees. Pictured also are some of the award recipients performing their duties.



(continued on page 4 - SPOTLIGHT)



28 NOV. 1973 - REENLISTMENT -



LETTERS FOR OUTSTANDING PERFORMANCE - (Left to Right) THOMAS MARTIN, MARY BANKS, MADELINE COLLIER, DIMMIE DENNIS, CAPT PETERS, PEARL ROBINSON, SARAH THOMPSON, SANDY COAN, JEAN SMITH, and WARREN WHALEY.



CIVILIAN GUIDEPOST
MAJOR GENERAL R. D. BOHN
COMMANDING

Issuance of this periodical is approved in accordance with Department of the Navy Publications and Printing Regulations, NAVEXOS P-35. The Civilian Guidepost is compiled and edited by the Civilian Personnel Office and printed at the Base Printing Plant with appropriated funds. It is issued biweekly for the benefit of civilian employees of Marine Corps Base, Naval Regional Medical Center, Naval Hospital, and Naval Medical Field Research Laboratory, Camp Lejeune, North Carolina; Marine Corps District, Raleigh, North Carolina, with approval of the Commandant of the Marine Corps. Photographic service is furnished by the Base Photographic Facility. Views and opinions expressed herein are not necessarily those of the Department of the Navy.

PROMOTION ANNOUNCEMENTS

Selection will be made without regard to age, race, sex, color, religion, national origin, lawful political affiliation, physical handicap (if individual can adequately perform the job), or marital status.

Planner and Estimator (General), WD-8, Ann. No. 113-73, closes 5 December 1973

SPECIAL NOTICE

Leadership Improvement Luncheons will not be held during the month of December.

CHRISTMAS SHOPPING? Buy and give U.S. Savings Bonds.

ANNUAL POSITION MAINTENANCE REVIEW

The annual position maintenance review is a legal requirement, and the procedure involves a formal review of each position at least once during the fiscal year for two reasons. One is to determine whether the position is actually required and the other is to assure that the description is accurate for each necessary position.

Base Order 12000, 1M of 19 July 1973 contains the review schedule for all Camp Lejeune complex activities along with detailed information on review procedures and on review principles in general. By way of emphasis, the review is not a catchall procedure to correct position descriptions or employee assignments that should have taken place earlier in the year. The supervisor is required to keep position descriptions currently accurate; therefore, the review, while a very important process, should be completed with little difficulty and with few description revisions.

SUPPLEMENTAL GROUP TERM LIFE INSURANCE

New brochures reflecting changes in coverage and costs have been received from Worldwide Assurance for Employees of Public Agencies (WAEPA).

WAEPA offers two plans of group life insurance to all civilian Federal employees less than 60 years of age, with coverage available for eligible dependents of members. The cost of this insurance must be borne by the employee. Call extension 1579 for further information or to request a copy of the new brochure.

BOAST TO ALL WITHIN EAR-SHOT THAT YOU'RE . . .

Something's gotta give . . . and we've gotta do the giving! Why? Because there is an energy crisis . . . and it IS for real! The following statistics point out one of the reasons for our energy shortage:

In 1940, every car on the highway in California contained an average of three persons. In 1950, the average was down to two. In 1960, the average was one person. Although these aren't Coastal Carolina statistics, many of us will agree that our 1970 statistic would also reflect one person. Based on a projection of these statistics, by 1980, every third car on the highway will have nobody in it (yes, "nobody!").

These statistics indicate our desires for personal comfort, pleasure, and independence—but because of the energy crisis, it is imperative that we all "curb" somewhat the degree to which we satisfy these desires.

Get together with fellow employees who live in your neighborhood and form a car pool. You may give up a bit of your independence . . . but you stand to gain from the fellowship. Monday morning, don't go out and hop in your car and drive just "yourself" to work. Instead, team up with your neighbors. If you can comfortably carry three or four passengers in your car, why not do it. And on the first day of your new carpool, boast to all within ear-shot that you're doing your bit for the energy crisis—and encourage (badger) your co-workers to do the same.

NOTICE TO ALL EMPLOYEES ENROLLED IN FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM

Dual enrollment in the Federal Employees Health Benefits Program is prohibited. No person may be enrolled both as an employee or annuitant and covered as a member of a family. If your wife or husband works for the Government, you may each enroll for Self Only (under some Self Only enrollments, the enrollee has maternity benefits coverage but the newborn child is excluded from coverage) or one of you may enroll for Self and Family. If you are unmarried and under age 22 and have a parent who is a Federal employee enrolled for Self and Family under this Program, you are covered under your parent's enrollment (even though you are not financially dependent) and you may not enroll in your own name until you lose this coverage.

Any employee who suspects that he or a member of his family may have dual coverage should call the Civilian Personnel Office, extension 1579, for verification. If it is discovered that an employee is illegally covered under two enrollments, the Civilian Personnel Office will take action to void one of these enrollments. If an enrollment is voided to eliminate illegal dual coverage, the health benefits premium deducted from the employee's pay during his illegal enrollment must be refunded. The plan in which the enrollment is discontinued may require restitution of any benefits paid under the illegal enrollment, although these benefits may be payable under the enrollment that is left standing.

EXCEPTIONS FROM MERIT PROMOTION PLAN

Most selections for promotion are made from a Promotion Certificate listing employees who have applied under an open announcement and earned a high enough rating to be among the best qualified. Employees selected this way are said to have been selected "competitively" under the Merit Promotion Plan.

Not all promotions are made "competitively." There are situations where an employee does not have to compete with others in order to get promoted. These promotions are called "Career Promotions," or exceptions to the Merit Promotion Plan. Civil Service Commission regulations and our own Base Order 12335, 1A provide for these kinds of promotions. Situations under which employees can be promoted without competing with other employees are:

An employee who has been demoted within DoD without personal cause and not at his own request is entitled to repromotion consideration without competition.

When an employee's job is upgraded because of new classification standards, or because a classification error has been made, the employee should be promoted without competition.

Trainees who have been selected competitively for higher level target positions should be promoted to their target positions without further competition when they have successfully completed their training.

When an employee's position has been "reconstituted at a higher grade" (same job grown bigger) because of unplanned accretion of additional duties and responsibilities, the employee should be promoted. This kind of exception is also known as job enlargement. Unless the employee is promoted, he should be relieved of the higher level duties and responsibilities.

Since promotions based on "unplanned accretion of additional duties and responsibilities" offer the greatest opportunity for favoritism and preselection, they are looked at closer than any other exceptions. They are also subject to more controls. Before a promotion of this kind can be made, all the following conditions must be met:

The accretion of additional duties and responsibilities must not have been the result of planned management action to identify and select a certain employee for promotion.

The former position must be absorbed administratively in the new position.

The employee must continue to perform the same basic function.

No additional position is created. The new position must be a clear successor to the former one.

The promotion must not be made to a supervisory position on the basis of the addition of supervisory duties to a nonsupervisory position.

The promotion must not be made from a nonsupervisory to a supervisory position.

QUESTION BOX

Q. If an employee is responsible for taking over supervisory duties in the absence of the regular supervisor, should it affect the classification of his job, particularly grade-wise?

A. Grade-level credit should not normally be provided in the classification of a position which includes responsibility for taking over in the absence of the supervisor. The Civil Service Commission recently reiterated this concept emphatically in the Job Grading Standards for Supervisors, WS. This document, as does the Manual for Position Classifiers, discusses the jobs of full assistants and duties performed in the absence of a supervisor and states that "No additional grade should be added for serving in the absence of a supervisor."

SPECIAL ACHIEVEMENT AWARDS

Congratulations are extended to the following employees, recently presented Special Achievement Awards based on sustained superior performance which substantially exceeded normal requirements:

Supply Services: Ray D. Rochelle, James R. Collins, Mack Daniels, Aileen K. Ledwick, Thomas H. Parker, Erwin H. Colville, Bertha E. Erickson, Shirley Marsicano, and Robert G. Cape.

Base Maintenance Department: Clarence Philpaw, Thomas J. Sweeting, Vernon H. Taylor, John T. Matthis, Raymond Phillips, Roland T. Batts, Jr., and Johnny P. Taylor.

Camp Lejeune Dependents' Schools: Louise Paul and Ruth M. Watkins.

Base Materiel Battalion: Loyce M. Norris, William Cota, Kenneth Gregory, Joseph M. Hall, Isiah Gibbs, Leroy Williams, Ernest G. Griffin, Bobby R. Kirkman, Fair W. Gooding, James A. Hart, Jr., Levy Williams, and Spencer C. Parker.

Base Motor Transport: Hattie L. Ashley.

Comptroller Department: Peggy L. Greenwell, Beatrice C. Melton, and Susie M. Milliken.

Naval Regional Medical Center: Mary M. Southerland, Althastus Chadwick, Mary C. Wooten, Evergreen W. Holmes, and Wayne H. Everett.

Naval Hospital: Carrie W. Baker, Carrie M. Holmes, Fay R. Meadows, and Janet E. Rose.

Marine Corps Air Station (Helicopter): Melba S. Sanderson, James E. Rowe, Martha P. Carter, Claude S. Moore, Jimmie Savage, William C. McCallister, George C. Burton, Lewis A. Davis, Carl B. Holloway, Ancil L. McElmurray, Ishmel G. Stone, and Doris S. Corbet.

30
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5 DEC. 1973 - RETIREMENT OF MRS. BALDWIN FROM RED CROSS.



9 DEC. 1973 - PROMOTION - DR. MESSER TO CAPTAIN.



10 DEC. 1973 - DOUBLE REENLISTMENT - HMT LENGAN & HMT SMITH
(Left to Right) LCDR SCHUBERT, HMT SMITH, CAPT STOTKA, HMT LENGAN, and HMCS ROSSMAN.



11 DEC. 1973 - PROMOTION - DR. STRAUGHN
TO LCDR BY CAPT STOTKA



12 DEC. 1973 - TRANSFER TO FLEET RESERVE
HMCM MC DONALD - DR. STOTKA



13 DEC. 1973 - REENLISTMENT -
HMC MATHEWS



14 DEC. 1973 - RETIREMENT -
MRS. BERYL V. BROWER



13 DEC. 1973 - REENLISTMENT -
HM3 SMITH



16 DEC. 1973 - HN ADVANCEMENTS



CHRISTMAS 1973



18 DEC. 1973 - PROMOTION -
LCDR CLAYTON TO CDR



18 DEC. 1973 - PROMOTION -
LT GIBSON TO LCDR



18 DEC. 1973 - PROMOTION -
LT COHEN TO LCDR



18 DEC. 1973 - PROMOTION -
LT GEKAS TO LCDR



28 DEC. 1973 - PROMOTION -
LTJG PHIPPER TO LT



7 JAN. 1974 - REENLISTMENT -
HM1 NANNI



7 JAN. 1974 - REENLISTMENT -
HM2 BLAIR

"CAMP LEJEUNE GLOBE" 10 January 1974

Air Force colonel assists Marines

He's not your ordinary veterinarian

By LCpl. Pamela Nicita

Anyone uninformed might rightfully assume a base veterinarian's duties would cover aspects of animals and such. Not so for Air Force LtCol. John H. Rychener, Marine Corps Base Veterinarian.

Although the career Officer has dealt with animal veterinary previously, he is involved in a twofold practice at Lejeune.

Inspecting all food for issue and resale to commissaries, clubs, and exchanges aboard the base is his primary duty. Periodically, Rychener inspects food in storage at the Defense Personnel Support Center in nearby Holly Ridge, which contracts supplies to over half the world.

Generally, the tall, lean doctor is aboard Base inspecting. With the aid of Marine GySgts. Eugene C. Burgan and Robert Joseph, Dr. Rychener inspects all foods as they are received at the Base Veterinarian's docks.

"Meats, dry goods, all perishables—everything gets checked," says Rychener. Basically, all foodstuffs are checked during an inspection for sanitation, wholesomeness of the item, and quality. Items are constantly inspected when they first arrive on the receiving docks and after they are moved to their final destination here.

Inspecting is done as the trucks come in. Crates are

unpacked, and produce and such is carefully checked by inspection of each item.

Anything found unsatisfactory is rejected. In a six month period the doctor says, "There has been about \$50,000 worth of food rejected."

Out of all the different jobs mentioned, the easy going Rychener fulfills yet another duty. Checks for rabies are conducted here under his supervision.

All animal bites reported by the Naval Hospital are monitored by the base veterinarian.

No rabies has been reported in this area in the past 20 years. Yet when the disease is felt to possibly be present, steps are taken. The animal is put into quarantine for a 10-day period. If it dies, the head is shipped to a state lab in Raleigh for examination and detection of the disease.

Having once practiced as a veterinarian in civilian life, Rychener has served in the Air Force for 15 years but he has been away from an Air Force Base for the past six years.

To the Ohio native, being with Camp Lejeune Marines isn't all that new to him. He was once stationed at Marine Corps Base, 29 Palms, Calif., where his duties were much the same as those here.

But like any military man loyal to his branch of service, Dr. Rychener says: "I am looking forward to returning soon to an Air Force Base."



Photo By LCpl. Roy Brooks

ROUTINE CHECK—Air Force LtCol. John H. Rychener, Camp Lejeune's veterinarian, and GySgt. Eugene C. Burgan, food inspector, check incoming vegetables on the receiving dock for freshness.



11 JAN. 1974 - REENLISTMENT TO U. S.
ARMY - MISS BROBECK.



22 JAN. 1974 - DR. AITKEN -
AUGMENTATION



18 JAN. 1974 - MR. POINTER -
AUGMENTATION



18 JAN. 1974 - HM2 JANKIE - EENT -
REENLISTMENT



BASKETBALL TROPHIES





23 JAN. 1974 - CAPT REDGATE -
LETTER OF COMMENDATION



23 JAN. 1974 - LETTER OF APPRECIATION -
HN STENTZ



25 JAN. 1974 - LETTER OF APPRECIATION -
HM3 LOOMEY



CDR SOVICH - FROCKED AS COMMANDER



4 FEB. 1974 - REENLISTMENT -
HM3 VINCENT



8 FEB. 1974 - PRESENTATION OF TOYS
TO ALL CHILDREN ON WARD 4.



16 FEB. 1974 - PROMOTIONS TO HN



16 FEB. 1974 - PROMOTIONS TO HM3



13 FEB. 1974 - REENLISTMENT -
HMT NORRIS (X-RAY)



19 FEB. 1974 - HN PURVIS - MERITORIOUS
PROMOTION TO HN AND SELECTED AS BLUE-
JACKET OF THE QUARTER - JAN., FEB., &
MAR. 1974.



20 FEB. 1974 - HMC BRIDGES TRANSFERRED
TO FLEET RESERVE



22 FEB. 1974 - REENLISTMENT -
HM2 GEORGE



CUBMASTER Richard Larochelle (top left), and Captain Earl R. Peters, watch sponsor perform the cake cutting honors at the Cub Scout Blue and Gold Banquet. The banquet was held at the Tarawa Terrace Community Center. Receiving awards at the banquet were (from left to right, bottom row) Michael S. Hodorowski, of Den 5, Troop 190, Bobcat award; Joe McCormick of Den 2, Troop 190, Webelos award; and Bryan Baquer of Den 5, Troop 190, Silver Arrow award. (Staff photo)

27 FEB. 1974 - JACKSONVILLE DAILY NEWS



28 FEB 1974 - REENLISTMENT -
HM2 COOK



28 FEB. 1974 - REENLISTMENT -
HMC VANDAGRIFF



28 FEB 1974 - REENLISTMENT -
HMC YOUNG



28 FEB. 1974 - CAPTAIN'S CALL



PERSONNEL INSPECTION
8 MARCH 1974



Civilian Guidepost

Compiled and Edited by

CIVILIAN PERSONNEL OFFICE, MARINE CORPS BASE, CAMP LEJEUNE, NORTH CAROLINA

Volume 19 No. 5

8 March 1974



AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES, LOCAL 2065

NEGOTIATES NEW AGREEMENT BETWEEN

MARINE CORPS BASE
NAVAL REGIONAL MEDICAL CENTER
NAVAL MEDICAL FIELD RESEARCH LABORATORY
MARINE CORPS AIR STATION (HELICOPTER)

Pictured above, Major General R. D. Bohn, Commanding General, Marine Corps Base, signs the newly negotiated Agreement between the American Federation of Government Employees, Local 2065, and activities of Camp Lejeune complex, while commanding officers of those activities, the president of the Local, and the negotiating team look on.

Management and Union officials are (seated, left to right): Colonel G. C. Doster, Commanding Officer, Marine Corps Air Station (Helicopter), New River; William W. Crawford, President, AFGE, and Chief Negotiator for the Local; General Bohn; Captain Earl R. Peters, MC, USN, Commanding Officer, Naval Regional Medical Center; and Captain Jesse F. Adams, MC, USN, Commanding Officer, Naval Medical Field Research Laboratory.

Members of the negotiating team are (standing, left to right): Warren T. Sanders, Executive Vice President, AFGE; Lieutenant R. C. Marks, MSC, USN, Assistant Chief of Personnel Services, NRMCL; James C. Newton, Chief Steward for MCB; William G. Koppersmith, Secretary-Treasurer, AFGE; G. B. Frazelle, Labor-

Management Relations Superintendent; Colonel V. F. Hilgart (Chief Negotiator for management), Assistant Chief of Staff, Manpower; Odell Thomas, Sergeant-at-Arms, AFGE; Captain Eugene J. Carron, USMC, Office of Staff Judge Advocate; Lieutenant Commander M. L. Martin, MSC, USN, Administrative Officer, NMFL; Hosea Horne, Jr., Employment Superintendent; A. I. Page, Civilian Personnel Officer; Angus D. Hatsell, Pipefitter Foreman, Base Maintenance Department; and Frederick W. Jarvis (not shown), Vice President for MCAS(H), AFGE.

This Agreement, the sixth one negotiated by the Local and Marine Corps Base, is somewhat unique in that it covers employees of more than one command. Provisions of the Agreement apply to approximately 2,150 Civil Service (General Schedule and Wage) employees.

Upon approval by the Commandant of the Marine Corps and the Office of Civilian Manpower Management, copies of the Agreement will be distributed to all Civil Service employees represented by the Local and civilian and military supervisors of those employees, and to officials of Local 2065.



16 MAR. 1974 - HN ADVANCEMENTS



18 MAR. 1974 - HM3 VINCENT -
LETTER OF APPRECIATION



28 MAR. 1974 - HMCM LASSITER -
REENLISTMENT

Civilian Guidepost

Compiled and Edited by

CIVILIAN PERSONNEL OFFICE, MARINE CORPS BASE, CAMP LEJEUNE, NORTH CAROLINA

Volume 19 No. 6

22 March 1974

NAVAL HOSPITAL CONSOLIDATES WITH NAVAL REGIONAL MEDICAL CENTER

The Secretary of the Navy, effective 1 February 1974, approved consolidation of the Naval Hospital into the Naval Regional Medical Center, Camp Lejeune.

Captain Earl R. Peters, MC, USN, was Director/Commanding Officer, Naval Regional Medical Center and Commanding Officer, Naval Hospital. Upon consolidation, Captain Peters' official title was changed to Commanding Officer, Naval Regional Medical Center. The Naval Hospital is now the "Center Hospital."

The Naval Regional Medical Center employs approximately 294 civil service personnel. Effective 17 February 1974, Naval Hospital employees' personnel records were changed to reflect the Naval Regional Medical Center as their employing activity.



28 MAR. 1974 - HM3 MUELLER -
REENLISTMENT



28 MAR. 1974 - HMC TROWELL -
REENLISTMENT



28 MAR. 1974 - HM3 DICKMOON -
REENLISTMENT



28 MAR. 1974 - HM1 DOGA -
REENLISTMENT

Dr. Cohen to speak at LPN meeting

Dr. Irwin Philip Cohen, pediatrician U.S. Regional Medical Center, Camp Lejeune, will speak on Pediatric Disease to the Licensed Practical Nurses Association next Monday at 7 p.m. in the Bonanza Steak House.

All interested persons are invited, especially those dealing with child care. The North Carolina Licensed Practical Nurses Association will be held in Greensboro.

3 APR. 1974 - JACKSONVILLE DAILY NEWS

DAILY NEWS

4/11/74



GUEST SPEAKER at the Licensed Practical Nurses' Association meeting in the Bonanza Steak House was Dr. Irwin Philip Cohen, pediatrician with the U.S. Regional Medical Center at Camp Lejeune. His wife, Dr. Cathy Cohen, left, is an obstetrician at Camp Lejeune Naval Hospital. Her mother, Mrs. V. Tulren, center, was also a guest at the dinner meeting. (Staff photo by Bill Lambert)

11 APR. 1974 - JACKSONVILLE DAILY NEWS



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Vol. XI No. 42

WEDNESDAY, MAY 1, 1974

Dr. Messer speaks to Dental Assts.

The monthly meeting of the Onslow County Dental Assistants, was held at the Holiday Inn last Thursday. This was a combined meeting with the local Hygienist Association.

Guest speaker was Dr. E.J. Messer, Captain Dental Corps of the U.S. Navy, currently stationed at the regional medical center, Camp Lejeune, where he is chief of Oral Surgery.

Dr. Messer presented a slide program on identification and location of cancers found in the oral cavity.

The place of the next meeting will be announced. Election of officers will take place.

Daily News
4/16/74

TO APR. 1974 - JACKSONVILLE DAILY NEWS

Doctor shortage

Services curtailed

The Camp Geiger and Tarawa Terrace dependents clinics will be closed beginning May 25 until further notice, it was announced yesterday by Naval Regional Medical Center officials here.

The Camp Geiger Dispensary will be secured from 4:30 p.m. until 7:30 a.m. daily and on weekends from now until May 25. Anyone other than dependents requiring treatment during this time may go to the Air Station Dispensary. Camp Geiger will resume 24-hour service on May 25 for other than dependents.

The Air Station Dispensary will have a medical officer available for 24-hours daily until May 25. Beginning May 25, no medical officer will be on watch at either the Air Station or Camp Geiger Dispensary.

The Air Station Dispensary will be closed from 4:40 p.m. until 7:30 a.m. daily and on weekends except when flight operations occur beginning May 25.

Military and male Civil Service personnel may be treated at the Camp Geiger Dispensary during that time. Female Civil Service employees requiring treatment may be seen at Building 15, Camp Lejeune during normal working hours or at the Hospital after working hours.

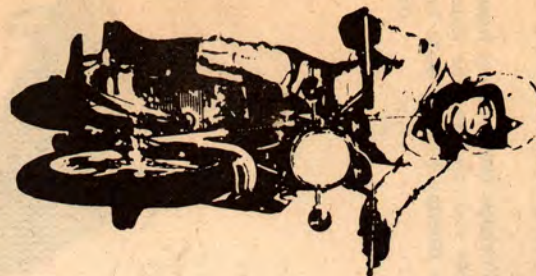
Medical authorities here said the reduction in service was "regretted," but came about because of the extreme shortage of medical personnel assigned.



12 APR. 1974 - PRESENTATION OF CERTIFICATES TO 8 INHALATION THERAPY STUDENTS



16 APR. 1974 - HN ADVANCEMENTS



There's no doubt by those who do it that motorcycling is fun, but few cyclists realize what can happen to them in an accident.



Lt. Col. Noel B. Rogers, MC, USNR

What can, and often does happen, to cyclists when they leave their machines even at moderate speeds is shocking as an experienced Orthopedic Surgeon reveals here.

EDITOR'S NOTE — The Orthopedic Wards at the Naval Hospital here are loaded with the victims of motorcycle accidents, most caused by thoughtless motorists or cyclists who did themselves in with no automobile traffic in sight. The following article, written by an orthopedic surgeon who will soon leave the Navy for a post at Onslow County's new hospital, should not be misconstrued by motorcycle riders as a condemnation of their mode of transportation and recreation. Rather, cyclists should accept Dr. Rogers' advice as sound medical information. What they must accept as well is that they must not let the other guy — if they are ever involved in a cycle accident, no matter what the cause.

By D. Noel B. Rogers

Within the past few weeks, a member of the Marine Corps wrote an Open Line letter printed in Globe that suggested the motorcycles should be given all the gas they want and that more people should ride a cycle as a means of meeting the energy crisis. The only word, I believe, that fully describes this idea is IRRESPONSIBLE.

The only thing the motorcycle saves is gas! On the basis of the experience of the Orthopedic Department at the Naval Hospital at Camp Lejeune, the cost in lost time from work and personal injury to cyclists involved in accidents is so great to easily outweigh any saving of a few gallons of gas. As I will point out later, this is not an isolated situation, either. It is not my intention to completely condemn the motorcycle, but to point out its hazards and to try to get people to fully appreciate just how dangerous a form of transportation it is.

In the past 10 years, the motorcycle has become increasingly popular, but, with it have come many problems. The overall awareness of the dangers of the Orthopedic Surgeon, and the one which I will discuss, is that of the injuries related to the motorcycle.

I anticipate that there will be much criticism from Globe readers who use the motorcycle for transportation or fun. Their most logical rebuttal to this article is: "Most accidents involving a motorcycle and a car are caused by cars!"

This does appear to be a fact. One study places the number of motorcycle accidents in which the cause can be related to an automobile as high as two-thirds of the cases.

This, unfortunately, ignores two very important facts: (1) who was at fault and who pays the damages does not bring back lost work, or worse, a lost limb, or restore a permanently crippled person; and (2) motorcycles are indeed hard to see because they are small and easily lost in the blind spot of a driver's vision.

It has been my experience that the majority of bike riders I have treated who blamed the auto driver were hit by someone pulling out of a street or parking space. The motorcycle rider is not excused from the principle of driving defensively.

"Don't knock it if you haven't tried it. Do you just hate motorcycles?" The usual argument is that the critic has it in for bikers because "he just has no experience with how much fun they are."

Motorists Cause Cycle Accidents

These are not minor injuries, but major ones that result in the loss of limbs or their function, permanent crippling, and disfiguring scars. A study of a single accident and leg subjected to the force of a sudden stop on a fast moving cycle can crush the leg and causing a permanent infection draining blood for the rest of the life of the patient. These men end up with a lifelong physical handicap as a result of their motorcycle accident, that will keep them out of many good paying jobs in the future.

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A doctor's advice on riding motorcycles: BEWARE!

Ten years ago, cyclists had a very few imported bikes to pick from, or a "Harley." The "Japanese Revenge" (importation of a mass of Japanese cycles to the U.S.) was only beginning.

Many accidents in these "early days" of cycling ended in fatalities because of a lack of protection to the head. Yet with the growing acceptance of the motorcycle, "protective headgear" or "crash helmets," have become required in all states and the death toll has gone down dramatically.

Many states also require special licenses, seats for riders, goggles, rear view mirrors, safety inspections, and that the headlight be turned on when the cycle is in motion.

Despite these many precautions, which have helped, the members of the Naval Hospital's Orthopedic Department here who end up with the care of most of the Marines injured in this area are distressed by the great number of injuries related to the motorcycle and the apparent excessive number of injuries in relation to the number of motorcycles.

Motorcycle Injuries Not Usually Minor

These are not minor injuries, but major ones that result in the loss of limbs or their function, permanent crippling, and disfiguring scars. A study of a single accident and leg subjected to the force of a sudden stop on a fast moving cycle can crush the leg and causing a permanent infection draining blood for the rest of the life of the patient. These men end up with a lifelong physical handicap as a result of their motorcycle accident, that will keep them out of many good paying jobs in the future.

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I have ridden them and think they are great fun, at least I did until I had to start to treat the injuries and became aware of the motorcycle injury's vulnerability. The average motorcycle injury results in 30 days of hospitalization, many lead to a lot more.

Cyclists Highly Vulnerable

The point that I want to make clear and will work to drive home is the high liability rate for injury of the motorcycle rider. Rather than try to use someone else's statistics, I will tell you the tale of the motorcycle rider at Camp Lejeune.

As of March 16, there were 31,706 cars and trucks registered on base and 574 motorcycles. In the past 24 months, the four orthopedic surgeons who have been working at Camp Lejeune continuously have admitted a total of 1,083 patients to the hospital for all reasons. Of these 498 people were admitted as an emergency for one reason or another. Of that total, 170 people were admitted following a motor vehicle accident, 81 after an auto accident and 89 after a motorcycle accident!

That means that 38 percent of motor vehicle accidents injuries leading to hospitalization on the Naval Hospital's Orthopedic wards during the past 20 months, were due to a motorcycle accident, yet these vehicles represent only 1.8 percent of the motor vehicles currently registered aboard Lejeune.

Yet recognizing that there are many who keep a motorcycle off base and never register it with the PMO, the percentage of motorcycles will grow. But, even if there are 3,000 — or even 5,000 — cycles on sixth or less of the vehicles driven by Marines at Camp Lejeune still result in more than 50 percent of the hospitalizations from motor vehicle accidents.

This makes the bike rider at Camp Lejeune from 10 to 60 times as likely to be hospitalized as a result of a motor vehicle accident.

National figures show that in an accident involving automobiles one driver in ten will be admitted to the hospital, while the motorcycle driver will require hospitalization nine times out of ten! The cycle rider's hospitalization will average 30 days of lost work or more, not including time away from full duty after discharge, or in many cases separation from the Marine Corps.

This loss of work and man hours on the job is no less serious than the bodily injury and, in the long run, creates most of the problems for the riders involved. It is this situation that makes me point out the irresponsible attitude that makes me point out the great deal more than a few gallons of gas!

Case Histories Prove Point

I would like to illustrate the situation with a few of the patients we have seen at the Hospital in the past 20 months.

J.B., who was just going to test a friend's bike at the hospital, had four operations and may yet have another. He has not been back to full duty in all this time, will most likely not go back to full duty, and in a civilian occupation would have spent at least six out of the last 12 months out of a job.

R.H. spent months waiting for his shin bone (tibia) to heal after a motorcycle accident. Three weeks after the accident and broke his shin bone and his thigh bone (femur). He had two operations just to get on his feet again so he could get out of the Marine Corps into a Veterans Administration Hospital. Time lost, over six months, and as a civilian most of this would have been with no job.

P.S., thought it would be cool to ride his cycle bareback. He spent three months in the hospital after an accident. When he was separated he still had a limp, will never run again, and only at the time of his discharge was in a position to hold a civilian job.

A.B. decided to try his cycle after taking in a few beers. The car he hit was parked! He was transferred to a Veterans Administration Hospital only after many months of hospital care. The V.A. will give him an artificial leg to replace the one he lost.

C.Q. left the road with no one in sight. He took only one operation to get him up walking. He is free of his crutches now but, in later life he will need at least one more operation to correct the arthritis that will develop in his knee, and he cannot possibly look forward to always being crutch free.

R.J. was in a dirt trail competition when he lost control of his bike. He spent two weeks in the hospital and required two operations to his finger. He was off flight status for eight weeks, not very good for a helicopter pilot.

E.N. hit a parked train with his motorcycle! He has not been out of the hospital since the accident and must be operated on again.

These seven patients (out of 68) represent more than three years lost work time from their duty stations. This would be the same for the patient and his true loss. The use of the cycle is a means of transportation is a tremendous risk liability.

Cyclists Can Improve Their Chance For Survival

Like the automobile, alcohol is bad medicine and does not mix with the motorcycle. If anything, it is even worse considering the balance required to stay on the cycle and reflexes needed in an emergency.

A large percentage of cycle accident victims have a heavy odor of alcohol on them on arrival in the emergency room (most denying any alcohol intake). If you ride a motorcycle, don't drink any alcoholic beverages.

Many injured ignore the simplest safety rules regarding proper clothing other than the required helmet. The barefoot rider is a good example of this sort of thing.

Many cycle accident victims are brought to the hospital wearing regular shoes or even worse, tennis shoes, a "T" shirt, and gloves. I have even seen people riding in Bermuda shorts! These exposed arms and legs are asking to be cut wide open and have the bones inside them used for a shovel for any dirt on the road.

Protective clothing will not keep you from getting a broken arm or leg but it may keep the open wounds clean (less chance of pus draining from your arm or leg for the rest of your life), and will reduce the scrapes and bruises that make good treatment of broken bones more difficult in the motorcycle rider than in the victim of an auto accident.



No matter who's at fault, the cyclist usually gets crunched

Many like to feel that experience will protect the rider and there are studies that claim the rider is most likely to be injured in the first six months of ownership. This is not the case at Camp Lejeune. Many of these

injured claim to have been riding for one to five years and have owned more than one cycle. They had no protection or experience either. They have one of the most advanced training programs in the country for all the new riders, and they are still getting injured. In driving and being their skills sharp. They have decided to leave the motorcycle as a parked vehicle in spite of this because of the great number of man hours of work lost and the high cost of maintaining the motorcycle. Two parameters in a police car are cheaper than one on a motorcycle plus all its hospital costs due to injuries.

Proper education on a motorcycle is essential but do not get a false sense of security that once you have taken a course you are so safe on a cycle that you no longer have to worry and that it is only the "other guy" who will be broken into little pieces. You still stand an excellent chance of being seriously injured.

Serious Accidents Occur Off Base

I have never seen a cyclist who was seriously injured on the base at Camp Lejeune. (This is not true of the Air Station, however.) Speeds here are slow and the flow of traffic is well controlled. But cyclists on the city streets must watch out for that "other guy" who may not be paying attention to the speed limit or the yield signs. Even if he does not cause the accident, the cyclist is still the guy most likely to spend 30 days in the hospital with one or more serious injuries.

I want everyone to remember that I have talked most about arm and leg injuries because this is what I see, but serious internal injuries are also suffered by the motorcycle rider in many cases, and in fact are often likely to be instantly fatal.

Remember these facts, yes facts, are not from some remote part of the country but from the experience of the Orthopedic Department at Camp Lejeune's Naval Hospital in the past 20 months. The problem is national in scope. Insurance rates are higher throughout the country and the United Services Auto Association in one of its recent publications stated that they do not like to insure motorcycles because of the high risk involved.

In summary, then, the motorcycle is dangerous to the individual who rides one. No matter who is responsible for the accident the cycle rider is very likely to suffer serious injury that may well be permanent. Though motorcycles make up only a small proportion of all the vehicles owned by Marines, they are involved in more than 30 percent of the serious injuries, resulting in disability and loss of man hours of work. Alcohol is even more serious with the motorcycle than the automobile. Protective clothing is a must. Do not use your cycle should not allow the rider to get a false sense of security that only the "other guy" is going to be involved in a serious accident. Above all, keep in mind that while motorcycles may save gas, that is about all they can be expected to save!

Honoring the sixty-sixth anniversary of the establishment of the Navy Nurse Corps on 13 May 1974, *U.S. NAVY MEDICINE* salutes the valued officers of the Navy Nurse Corps. Our front cover displays typical scenes well photographed in 1972 at the Naval Hospital, Camp Lejeune, N.C.: LTJG Yvonne M. Bradshaw comforts a responsive pediatric patient (left); LTJG Mary A. Valentine makes an intravenous flow adjustment in the coronary care unit (upper right); and ENS Kandace D. Adams works the night shift as a ward charge nurse (lower right).



NAVY Medicine



May 1974



16 MAY 1974 - REENLISTMENT -
HM2 TUMLIN



16 MAY 1974 - VARIOUS ADVANCEMENTS
CEREMONY HELD IN THE AUDITORIUM.



28 MAY 1974 - LTJG TERCERO - PROMOTION



28 MAY 1974 - LTJG OLSON - PROMOTION



28 MAY 1974 - LTJG WATSON - PROMOTION



28 MAY 1974 - LTJG BELL - PROMOTION



28 MAY 1974 - LTJG ODOBINA - PROMOTION



31 MAY 1974 - HMCS LONG -
RETIREMENT



LCDR BURKHART



LCDR WELCH - LCDR BURKHART

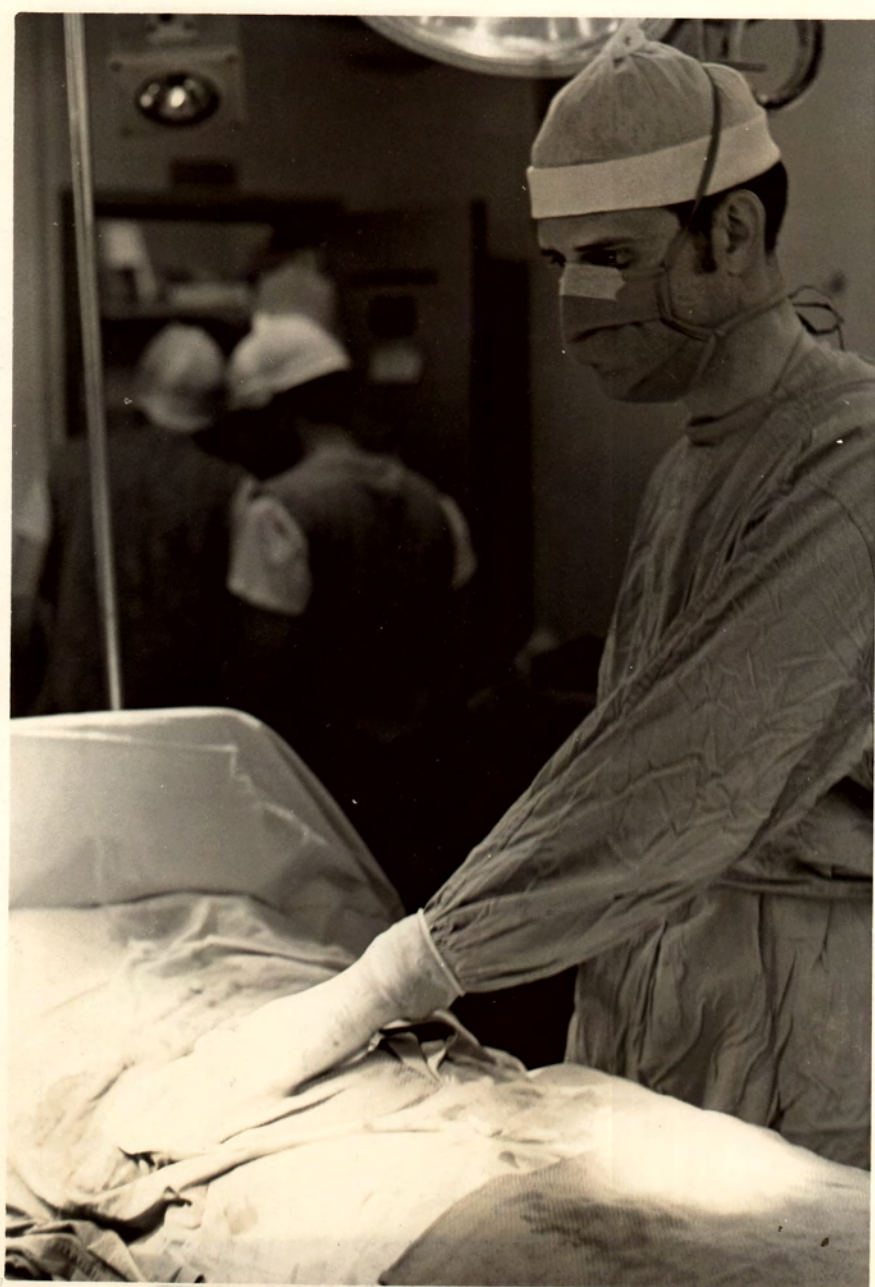


12 APRIL - 15 JUNE 1974

OPERATION NIMBUS STAR

Front Row (left to right) LCDR W. WELCH, Surgeon, Surgical Team 15; LCDR J. P. COWAN, Anesthesiologist, Surgical Team 15; HM3 D. TAULBER, O. R. Tech., Surgical Team 15; LCDR J. BEAVER, Ships Medical Officer, LPMZ; HM3 SMITH, O. R. Tech., LPHZ

Back Row (left to right) HM2 GEE, PMT, LPHZ; LCDR J. BURKHART, Flight Surgeon, HMM-261; HM3 PROTHROE, Air Crewman, HMM-261; LT N. K. TURNER, NC, USNR, O. R. Nurse, Surgical Team 15.



LT N. K. TURNER, NC, USNR - Surgical Team 15



LCDR W. WELCH, Surgeon



3 JUNE 1974 - LTJG GRAHAM - PROMOTION



3 JUNE 1974 - LTJG PETERS - PROMOTION



3 JUNE 1974 - LTJG WENNER - PROMOTION



3 JUNE 1974 - DR. HAKKARINEN - PROMOTION



6 JUNE 1974 - HM2 MAYS - REENLISTMENT



10 JUNE 1974 - ^{Rosenbaum} DR. FRONS - PROMOTED TO LCDR



11 JUNE 1974 - HM3 SCONES - REENLISTMENT



13 JUNE 1974 - DR. RONGEY - PROMOTED TO LCDR



14 JUNE 1974 - HOSPITAL CORPS BALL





HOSPITAL CORPS BALL
1974





19 JUNE 1974 - LTJG NICHOLSON -
PROMOTION



19 JUNE 1974 - LTJG DONNER - PROMOTION



19 JUNE 1974 - DR. HOAG -
LETTER OF APPRECIATION



19 JUNE 1974 - DR. ABRAMSON -
LETTER OF APPRECIATION



20 JUNE 1974 - HMC YOUNG -
LETTER OF APPRECIATION



20 JUNE 1974 - DT1 WHITE -
RETIREMENT



20 JUNE 1974 - LETTER OF APPRECIATION
- HMC GILLIGAN

Medical Center accredited
Camp Lejeune's Naval Regional Medical Center has recently been accredited by the Joint Commission on Accreditation of Hospitals.
The accreditation, which covers from 1974 to 1976, is the result of an on-site survey made by field representatives of the Joint Commission's Hospital Accreditation Program.
Recognition by the Joint Commission represents a benchmark of quality that is higher than governmental licensure alone.

20 JUNE 1974 - CAMP LEJEUNE GLOBE

Naval Hospital Accredited
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The accreditation, which covers from 1974 to 1976, is the result of an on-site survey made by field representatives of the Joint Commission's Hospital Accreditation Program.
Recognition by the Joint Commission represents a benchmark of quality that is higher than governmental licensure alone.
The Medical Center is one of the approximately 4,900 general hospitals throughout the United States that have earned this honor.

17 JUNE 1974 - JACKSONVILLE DAILY NEWS



21 JUNE 1974 - LETTER OF APPRECIATION
TO HOSPITAL STAFF



24 JUNE 1974 - DR. RICKETSON -
PROMOTED TO COMMANDER



25 JUNE 1974 - DR. BAILEY -
PROMOTED TO COMMANDER



24 JUNE 1974 - HM1 HALE -
REENLISTMENT



28 JUNE 1974 - HM2 FARMER -
REENLISTMENT



28 JUNE 1974 - HMC GALBRAITH - REENLISTMENT

Change of command ceremonies Friday

Two change of command ceremonies will be observed aboard base Friday.

Maj. John F. Flynn will assume command of Supply Bn., 2d FSR from LtCol. G. J. George and Capt. T. Richter will assume command of the Naval Regional Medical Center from Capt. Earl R. Peters.

George retires after 31 years of active military service while Peters will retire concluding over 29 years of active service.

27 JUNE 1974 - CAMP LEJEUNE GLOBE



CAPTAIN E. R. PETERS,
MC, USN
COMMANDING OFFICER
8-4-72 - 6-28-74

Naval Regional Medical Center Camp Lejeune, North Carolina



Change of Command Ceremony

1000

28 June 1974

NAVAL HOSPITAL CAMP LEJEUNE	
COMMANDING OFFICERS	
CAPT. J.F. RIORDAN	MAY 42-MAR 44
CAPT. J.R. WHITE	MAR 44-MAR 47
CAPT. L.J. ROBERTS	MAR 47-FEB 48
CAPT. F.P. KEANEY	MAY 48-JAN 49
CAPT. J.F. HOOKER	JUL 49-MAY 51
CAPT. C.A. YOUNG	MAY 51-SEP 51
CAPT. C.R. WILCOX	SEP 51-FEB 54
CAPT. E.D. HIGHTOWER	FEB 54-OCT 55
CAPT. W.L. BERKLEY	OCT 55-JUN 59
CAPT. L.E. BACH	JUN 59-JUN 62
CAPT. F.T. NORRIS	JUN 62-SEP 65
CAPT. J.H. SUITOR	SEP 65-SEP 69
CAPT. W.P. ARENTZEN	SEP 69-JUL 71
CAPT. R.M. LEHMAN JR.	JUL 71-AUG 71
CAPT. P.O. GEIB	AUG 71-JUL 72
ADM. P.O. GEIB	JUL 72-AUG 72
CAPT. E.R. PETERS	AUG 72-OCT 72

NAVAL REGIONAL MEDICAL CENTER CAMP LEJEUNE	
DIR./COMMANDING OFFICER	
CAPT. E.R. PETERS OCT. 72-FEB. 74	
COMMANDING OFFICERS	
CAPT. E.R. PETERS FEB. 74	





28 JUNE 1974 - HMCM GALBRAITH - REENLISTMENT

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27 JUNE 1974 - CAMP LEJEUNE GLOBE

CAPTAIN EARL R. PETERS, MC, USN Outgoing Commanding Officer

Born in Fort Blackmore, Virginia 7 December 1921, he graduated from Medical College of Virginia in 1947. Upon completion of his internship at the Naval Hospital, Chelsea, Massachusetts, he was assigned as Medical Officer at the U. S. Naval Disciplinary Barracks, Portsmouth, New Hampshire. In 1949, he commenced training in Pediatrics at the Naval Hospital, Chelsea, Massachusetts. During 1950 to 1952, he was assigned as a Pediatrician at Tripler Army Hospital, Oahu, Hawaii. Following further training in Pediatrics at Naval Hospital, Chelsea, Massachusetts from 1952 to 1953, he assumed duties as Head of Pediatric Department, Naval Hospital, Annapolis, Maryland. From 1956 to 1960, he was assigned as the Chief of Pediatrics, Naval Hospital, Pensacola, Florida; from 1960 to 1964, as Chief of Pediatrics, Naval Hospital, Camp Lejeune, North Carolina and from 1964 to 1969 as Chief of Pediatrics, Naval Hospital, San Diego, California. In 1969 he assumed the duties of Executive Officer and Chief of Clinical Services of the Naval Hospital, Philadelphia, Pennsylvania.

He assumed Command of the Naval Hospital, Camp Lejeune, North Carolina on 4 August 1972. Upon establishment of the Regional Medical Center, Camp Lejeune, North Carolina on 1 October 1972, Captain PETERS assumed duties as the first Commanding Officer.

Captain PETERS is certified by the American Board of Pediatrics, a Fellow of the American Academy of Pediatrics, a member of the American Medical Association, and a member of the North Carolina Pediatric Society.

He is married to the former Dorothy Allene Hester, and has a son, Lawrence, and a daughter, Linda.



CAPTAIN EARL R. PETERS, MC, USN



CAPTAIN E. R. PETERS,
MC, USN
COMMANDING OFFICER
8-4-72 - 6-28-74



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CAPT. E. D. HIGHTOWER	FEB 54-OCT 55
CAPT. W. L. BERKLEY	OCT 55-JUN 59
CAPT. L. E. BACH	JUN 59-JUN 62
CAPT. T. T. NORRIS	JUN 62-SEP 65
CAPT. J. H. SUTTOR	SEP 65-SEP 69
CAPT. W. PARENTZEN	SEP 69-JUL 71
CAPT. R. M. LEHMAN JR.	JUL 71-AUG 71
CAPT. P. O. GEIB	AUG 71-JUL 72
ADM. P. O. GEIB	JUL 72-AUG 72
CAPT. E. R. PETERS	AUG 72-OCT 72

NAVAL REGIONAL MEDICAL CENTER CAMP LEJEUNE	
DIR./COMMANDING OFFICER CAPT. E. R. PETERS OCT 72-FEB 74	
COMMANDING OFFICERS CAPT. E. R. PETERS FEB 74	





28 JUNE 1974 - HMCM GALBRAITH - REENLISTMENT

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27 JUNE 1974 - CAMP LEJEUNE GLOBE



CAPTAIN E. R. PETERS,
MC, USN
COMMANDING OFFICER
8-4-72 - 6-28-74

NAVAL REGIONAL MEDICAL CENTER

CAMP LEJEUNE, N. C. 28542

PROGRAM

Arrival of Official Party

ATTENTION

Commander of Troops

ARRIVAL HONORS FOR MAJGEN BOHN

Band

U. S. NATIONAL ANTHEM

Band

INVOCATION

LT R. P. REIDY, CHC, USNR

INTRODUCTION

CAPT V. L. STOTKA, MC, USN

REMARKS & ORDERS

CAPT E. R. PETERS, MC, USN

ORDERS & REMARKS

CAPT T. RICHTER, MC, USN

REMARKS

MAJGEN Robert D. BOHN, USMC
Commanding General
Marine Corps Base
Camp Lejeune, N. C.

BENEDICTION

LT A. R. LATTY, CHC, USNR

NAVY HYMN

Band

ATTENTION

Commander of Troops

MARINE CORPS HYMN

Band

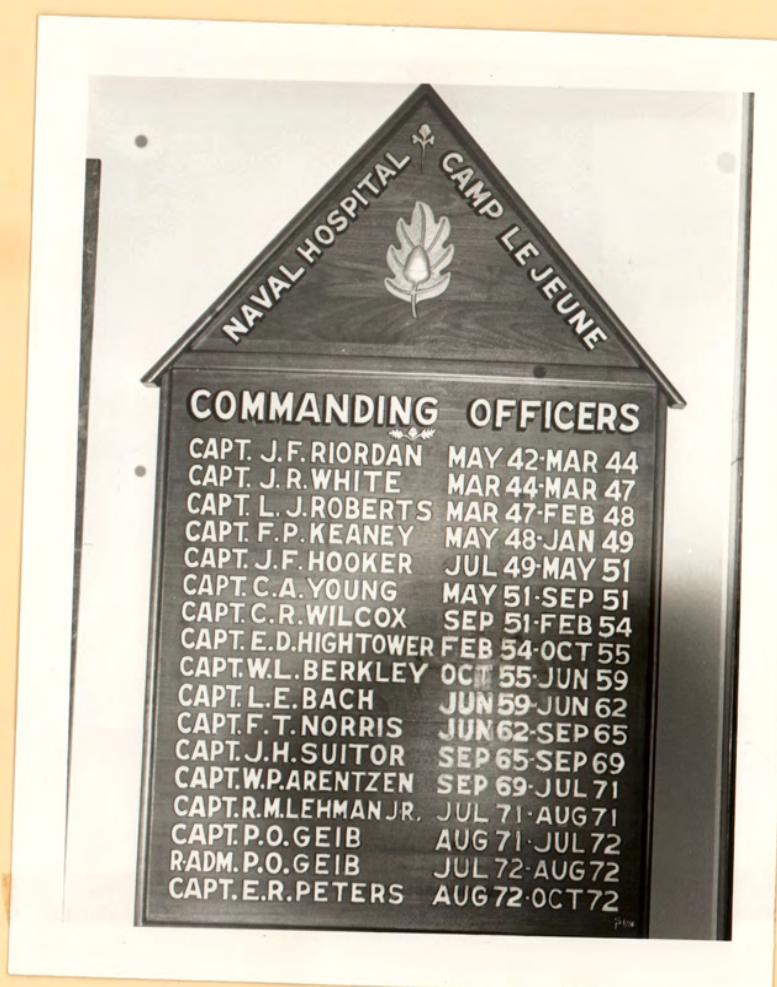
ANCHORS AWEIGH

Official Party Departs

Guests and Staff are invited to a Reception in the Center Hospital Bachelor Officers Quarters immediately following ceremony.

Troops dismissed from Quarters

Music Provided by the Atlantic Fleet Band





28 JUNE 1974 - HMCM GALBRAITH - REENLISTMENT

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27 JUNE 1974 - CAMP LEJEUNE GLOBE



CAPTAIN E. R. PETERS,
MC, USN
COMMANDING OFFICER
8-4-72 - 6-28-74



CAPTAIN TOR RICHTER, MC, USN

CAPTAIN TOR RICHTER, MC, USN Incoming Commanding Officer

Born on 7 November 1926, in Chicago, Illinois, the son of a physician and medical teacher. During World War II, then - PFC RICHTER saw service with the Army of the United States as an Infantryman, Japanese language student, and troop transport crew member. Following discharge, he completed his undergraduate medical education at the University of Chicago and received his medical degree cum laude from Harvard Medical School in 1951. He was then an intern and resident in medicine and cardiology at the Columbia-Presbyterian Medical Center, New York City. He practiced medicine in the New York City area until he entered Naval Service in 1960.

Following training in submarine medicine and nuclear health physics at New London and Windsor, Connecticut, Captain RICHTER has had the following major assignments: Commissioning Medical Officer, USS ETHAN ALLEN, SSBN 608, 1961-62; Commissioning Medical Officer, USS LAFAYETTE, SSBN 616, 1962-63; Assistant Officer in Charge, Submarine Medical Research Laboratory, New London, Connecticut, 1963-64; Assistant Chief of Medicine, U. S. Naval Hospital, Yokosuka, Japan, 1964-66; Assistant to the Director, Research Division, Bureau of Medicine and Surgery for Submarine and Diving Medicine, 1960-70; Commanding Officer, Naval Medical Research Institute, Bethesda, Maryland, 1970-74.

Captain RICHTER is a qualified Submarine Medical Officer and wears the following decorations and awards: Meritorious Service Medal; Victory Medal (World War II); National Defense Service Medal; and Navy Unit Commendation. He is a Diplomate of the American Board of Internal Medicine and a member of the American Medical Association, the Association of Military Surgeons of the United States, and the Undersea Medical Society.

Captain RICHTER is married to the former Elizabeth Strong Westbrook of Ogdensburg, New York. Mrs. Richter is a graduate of Wells College and the Columbia-Presbyterian School of Nursing. They have three children: Elizabeth Biddle, Frederick Westbrook (Fritz), and John Anderson.

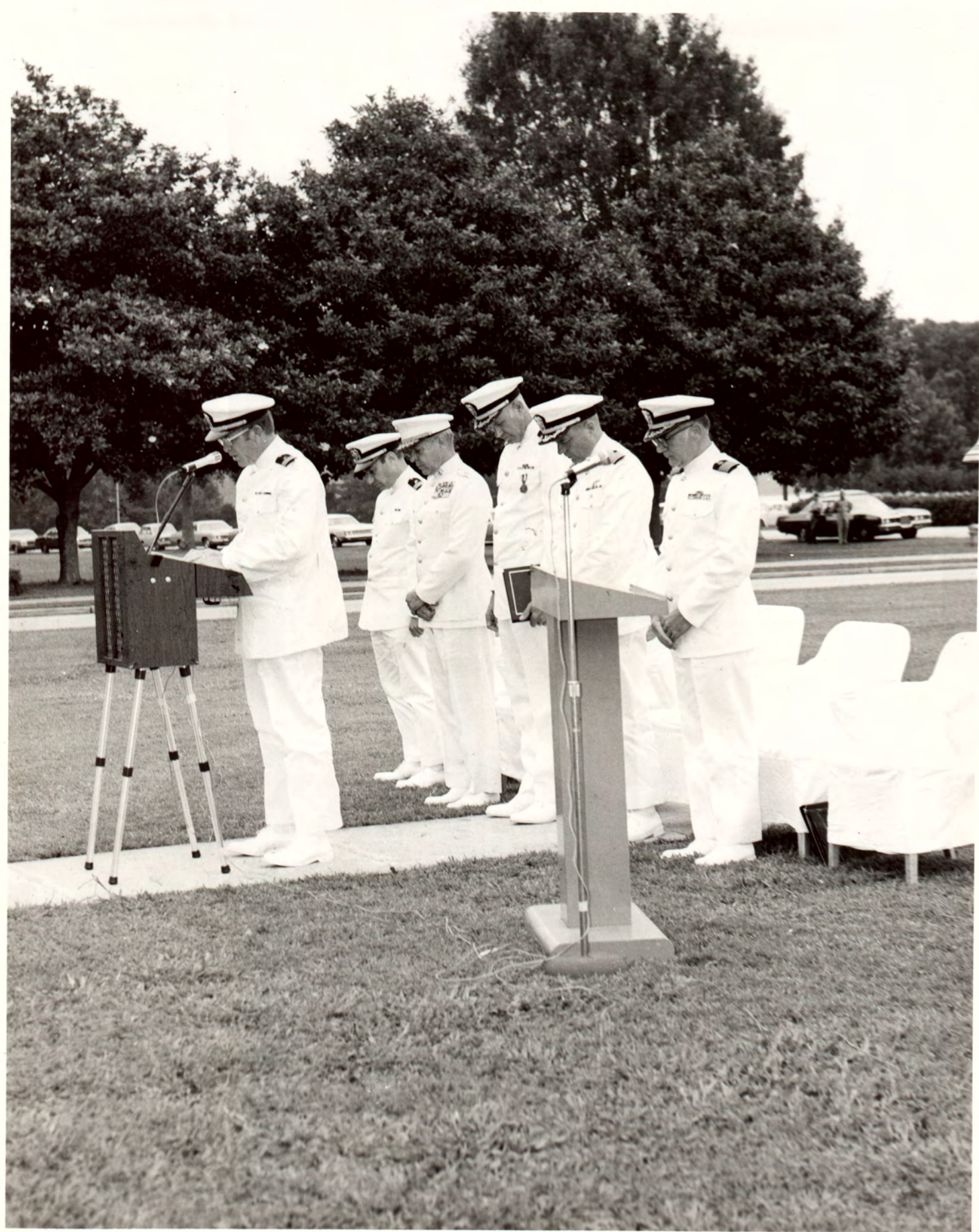
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CAPT. E. R. PETERS	OCT 72-FEB 74
COMMANDING OFFICERS	
CAPT. E. R. PETERS	FEB 74





28 JUNE 1974 - CHANGE OF COMMAND AND
RETIREMENT CEREMONIES OF CAPTAIN EARL
R. PETERS, MC, USN.





"SEEMS GREAT just to be outside a while," this Naval Hospital ambulatory patient stated Thursday evening as he enjoyed the flounder and refreshments during the Greater Jacksonville Chamber of Commerce Annual Fish Fry. (Staff Photo Don Brady)



"KEEP THE food a'coming," was the call to these men as they prepared food for the Greater Jacksonville Chamber of Commerce Fish Fry for Women Marines and Naval Hospital Ambulatory Patients held Thursday at Hospital Park. (Staff Photo Don Brady)

'Wheelchairs and fish'

By DON BRADY
Daily News Staff

Rolling along in wheelchairs, bouncing down the dirt road by the bus full and packed tight in cars, people came Thursday night to the annual Greater Jacksonville Chamber of Commerce Fish Fry for Naval Hospital Ambulatory Patients and Women Marines.

The fish fry was held in the Hospital Park, immediately across from the hospital on New River, and ambulatory patients who were able, walked or rolled their wheelchairs to the fish fry. From the hospital door to the fish fry is a distance of approximately 300 yards down a small dirt road and when the patients arrived at the fish fry, they were greeted by Chamber members and provided with refreshments and some "much needed hospitality."

According to an official of the Chamber, "Many of these ambulatory patients have been in the hospital for a long time. This was one of the first times they have been out and seemed to enjoy meeting and talking with the Chamber members."

About 6:30 p.m. two things happened which, according to a young Marine patient, "really got things rolling." First, the air was filled with the unmistakable smell of flounder cooking as Chamber members made ready to serve the food. Second and what the young Marines seemed to consider even more important than the food, the Women Marines landed.

Brought to the fish fry by the bus load, approximately 100 Women Marines came and were guests of the chamber.

After the dinner, there were still refreshments available and many of the Women Marines and patients who were able, played volleyball, touch football and just generally had a good time.

According to Chamber President Bill Cameron, the fish fry is an annual event sponsored by the Chamber to build better relations between the military and civilian communities.

3 JULY 1974 - JACKSONVILLE DAILY NEWS



BILL CAMERON, President of the Jacksonville Chamber of Commerce, talks with Women Marines and ambulatory patients during the Greater Jacksonville Chamber of Commerce Fish Fry held Thursday in Naval Hospital Park. (Staff Photo Don Brady - See Page 3)

Richter commands NRMC

Navy Capt. Tor Richter, assumed command of the Naval Regional Medical Center on June 28.

He relieved Capt. Earl R. Peters who retired after more than 29 years of active naval service.

During ceremonies, Peters was presented the Meritorious Service Medal and a Certificate of Merit from the Surgeon General of the Navy by MajGen. R.D. Bohn, CG, Marine Corps Base.

Richter previously served as commanding officer of the Navy Medical Research Institute at the National Naval Medical Center, Bethesda, Md.

3 JULY 1974 - CAMP LEJEUNE GLOBE

Ambulance crew to the rescue

Story by SSgt. Joe Achterberg

The sound of a screaming siren might be as annoying to a sleeping Marine as a mosquito buzzing around his head, but to the person or persons who cry "Help" in an emergency, it indicates the night ambulance crew is on the way.

Under the supervision of LCdr. Richard L. Wentworth, Chief of Dispensary Service, the ambulance section consists of 16 Marine ambulance drivers who are permanently assigned from Base Motor Transport.

"These men are proficient in their duties and are prepared around the clock to move out within 3 minutes after an emergency call," stressed Wentworth.

"However," Wentworth continued, "personnel who live off base can probably receive faster service from civilian rescue units because they are closer and usually know the area better."

According to Cpl. Ernest L. Carver, NCOIC Marine Ambulance Section, there are no Marines permanently assigned to the night ambulance crew. Rather, daily watches are established and two different Marines along with three different corpsmen are assigned the night duty.

"After the night ambulance crew has been assigned," explained Carver, "the watches are then broken up into 4 hour intervals among the Marines and corpsmen, with at least one of each awake during the night."

"But, it's not as lonely as it might seem for the crew," continued Carver, "they have magazines and a television in the duty room to help occupy their time."

In the event of an emergency call, the duty crew is immediately notified by the Master at Arms. At this time, depending on the type of emergency, it's determined how many corpsmen

will be needed. In a life or death situation, a doctor will also accompany the vehicle.

"We handle anywhere from 30 to 40 night emergency calls a week," said Carver, "but in about 10 per cent of these calls the person has already departed for the hospital by the time we arrive."

"This mainly occurs during off base emergency calls, and there are many reasons for it," explained Carver. "Sometimes the caller has not given the proper directions to the home or the driver might get lost due to his unfamiliarity with the area. This is why we encourage off base personnel to call civilian rescue units."

At present there are nine ambulances utilized in the Camp Geiger, Camp Johnson, Courthouse Bay and Naval Hospital areas. Two of these vehicles are also assigned and maintained by the Marine Ambulance Section in Bldg. 15.

"The vehicles are equipped to the extent where we are able to deliver a baby if necessary," commented Wentworth, "and on occasions it has been done."

"The extent of our first-aid is basic," said Carver, "any additional first-aid we pick-up is from observing or assisting the corpsmen during emergencies."

The drivers ranging in rank from private to lance corporal are all volunteers who have a desire to work with the ambulance section.

"After being assigned to the ambulance crew," emphasized Carver, "should a driver display a disinterest in his job he is immediately reassigned."

"This seldom happens," added Carver, "all of these drivers are hard workers and they keep one thing in mind...life or death may depend on their job."



Photo by Sgt. Oscar Sester

EMERGENCY — An injured Navyman is rushed from room by the night ambulance crew. About 30 to 40 emergency calls are handled each week.

Globe

July 3, 1974



3 JULY 1974 - REENLISTMENT - HMT COOPER



8 JULY 1974 - CAPTAIN RICHTER PRESENTS LETTER OF APPRECIATION TO DPC CARTER.



13 JULY 1974 - LTJG BIEHL - PROMOTION



8 JULY 1974 - HMCM LASSITER PRESENTS PLAQUE TO DPC CARTER.



13 JULY 1974 - LTJG LAKE - PROMOTION



15 JULY 1974 - OFFICER PROMOTIONS



18 JULY 1974 - NENEP TRAINEE HM3 HINES
ADVANCED TO HM2



19 JULY 1974 - LTJG CAPPS - AUGMENTED



19 JULY 1974 - LTJG MENNER - AUGMENTED



19 JULY 1974 - LTJG CRABTREE -
AUGMENTATION



19 JULY 1974 - ENS DUNCAN -
AUGMENTATION



24 JULY 1974 - DR. WATSON -
PROMOTED TO COMMANDER



24 JULY 1974 - ENS BOLSTER -
PROMOTED TO LTJG



31 JULY 1974 - HM3 HEISMANN -
REENLISTMENT



31 JULY 1974 - HMC CUNNINGHAM -
RETIREMENT



Photo by Cpl. Jay Dikeman
A SEA STORY - Patients at the Naval Hospital
swap sea stories during a fish fry last Thursday
night at Hospital Point. The fry, an annual event
sponsored by the Military Affairs Committee,
Jacksonville Chamber of Commerce, was for
Women Marines and hospital patients.

25 JULY 1974 - CAMP LEJEUNE GLOBE



1 AUG. 1974 - ENS EPPS -
PROMOTED TO LTJG

Camp Lejeune "Globe" 25 July 1974



SECTION II Open Line Commentary

Thursday, Aug. 1, 1974

Globe welcomes letters to Open Line on subjects that are of general interest to Marines and ; are written in good taste ; serve the purpose of emphasizing or challenging current topics which effect the lives of Marines and their families ; are intended to suggest meaningful and timely change. Only those Open Line letters which are signed by the author and have a return address will be considered for publication. Globe reserves the right to edit Open Line letters to conform with the style and format of Globe in a manner which will not detract from the content or purpose of the letter. Names of Open Line contributors will be withheld from print at their request.

Openline

TT Clinic reopens

Open Line:
I live in Tarawa Terrace and I am very concerned about the possible closing of the Tarawa Terrace Community Clinic which also serves Knox Trailer Park and Midway Park.

My reasons for concern are as follows: First, it has been stated that the clinic serves approximately 5,000 dependents. If the clinic is closed, these 5,000 dependents will have to rely on the main hospital.

Consequently, the doctors, nurses, and corpsmen will have more patients and paperwork than is possible to handle effectively.

Secondly, many people in our communities have no car, so naturally it's easier to get to this clinic than to the main hospital.

I have many personal reasons for keeping the clinic open, but

the clinic is not for me alone. It is for these communities.

People wanting to help try to keep this clinic open, please call the HELP line, ext. 4357. We need this clinic.

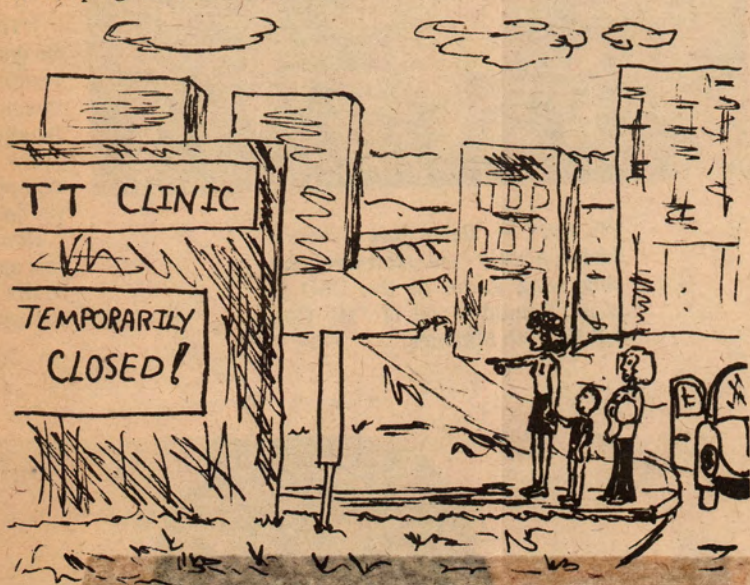
Mrs. Linda Higdan

Cdr. J.H. Gehring, executive officer of the Naval Regional Medical Center, reports that the Tarawa Terrace Dependents Clinic will reopen sometime between Aug. 19 and Sept. 1.

Each year many medical of-

ficers leave the service in June and July. Often their reliefs, if any, don't arrive until late

August. During these periods, the NRMC is required to temporarily discontinue services at some locations.



AUGUST 1974 - JACKSONVILLE CHAMBER OF COMMERCE PRESENTS A LETTER TO THE AREA SERVICEMAN OF THE MONTH, HN HENRY PURVIS. FOLLOWING THE PRESENTATION, THE GROUP ENJOYED A TOUR OF THE HOSPITAL.



AUGUST 1974 - HMC BANGERT - RETIREMENT



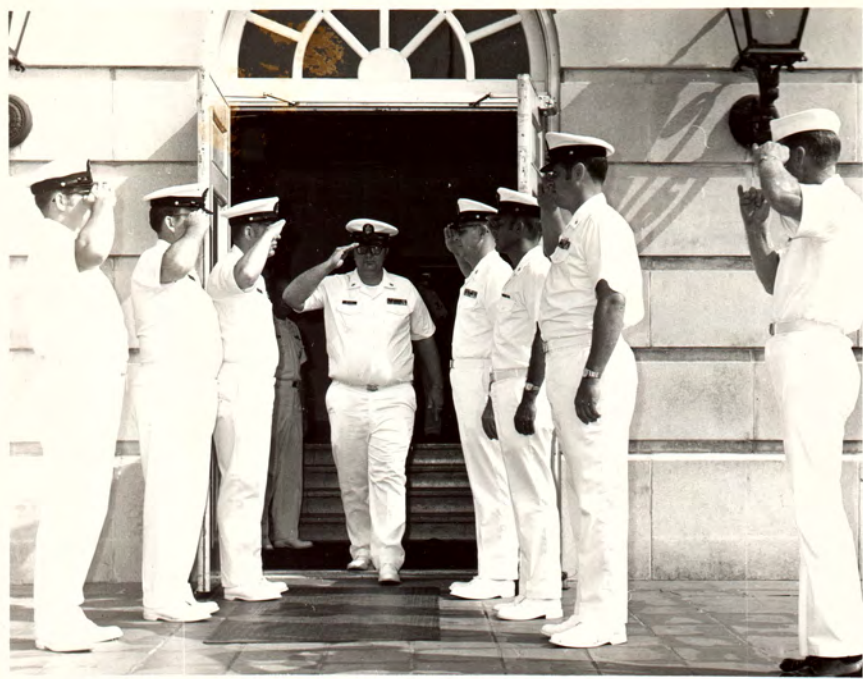
AUGUST 1974 - ENS NORRIS - PROMOTED TO LTJG



AUGUST 1974 - HM1 CHARETT - REENLISTMENT



15 AUGUST 1974 - HMC DONNELLY - RETIREMENT



28 AUGUST 1974 - HMC WHITE - RETIREMENT

Naval Dental Corps: 62 years of service

CAMP LEJEUNE — The Naval Dental Corps, celebrating its 62nd Anniversary today, was created in 1912. Congress authorized the appointment of 301 assistant dental surgeons with the rank of lieutenant (junior grade) to be a part of the Medical Department of the Navy.

There are many dental facilities available here both in garrison and in the field. The Base Dental Department is responsible for providing dental treatment for all military personnel attached to units of Marine Corps Base.

The 22d Dental Company handles Force Troops, while the 2d Dental Company is part of the

2d Marine Division. Dental facilities are also available at the Marine Corps Air Station, New River, and the U.S. Naval Hospital. In addition base facility provides care for eligible retired personnel and personnel on recruiting duty.

One of the major accomplishments made by the Dental Departments here was establishment of a preventive dentistry program.

Preventive dentistry refers to any procedure, technique, treatment or measure which has, or promises to have, the effect of preventing dental disease from occurring. Some facets of the program being conducted are the teaching of scientifically correct dental health education such as proper use of the tooth brush and diet advice related to dental disease.

The 2d and 22d Dental Companies have basically the same organizational structure and mission. Both are equipped to operate efficiently in the field and in garrison. Most of the equipment used in garrison by these two companies belongs to the Base Dental Department. In the event that these two companies had to go to the field, they would use dental equipment already packed and ready for field work.

Since the companies must be ready to move out with Marines, they must stay proficient in field training just as combat units do. Combat readiness is an important part of each company's training program. They utilize their own personnel as much as possible in the field.

In the field, the dental technicians erect tents, wire generators and surgical vans and perform such maintenance required during the exercise.

During field exercises, dental companies are able to perform any treatment required, including oral surgery.

The 62-year Dental Corps history has been a proud one. Five years after their inception, dental officers found themselves in combat. Two dental officers won the Medal of Honor. In fact, the first Navy officer killed in World War I was Medal of Honor winner, Ltjg. Weeden E. Osborne.

The Dental Corps not only serves on land bases it also provides services aboard vessels at sea and stands ready to support men and women of the Naval Service in peace and war.



DENTAL WORK — LCdr. Kenneth L. Fontecchio (foreground) works on a patient as Dental Technician-3 Gerald D. Brown assists. Today is the 61st anniversary of the Naval Dental Corps. The Corps began on Aug. 22, 1912, and one year later the Marine Corps received its first dental officers. A cake-cutting ceremony was held yesterday at the Hadnot Point Officers Club to commemorate the anniversary.

22 AUG. 1974 - JACKSONVILLE DAILY NEWS



16 SEP. 1974 - VARIOUS ADVANCEMENTS AND CERTIFICATES

Navy Day

CAMP LEJEUNE — Navy Day ceremonies at Camp Lejeune will be conducted this year starting at 11:30 a.m. on Oct. 11 in front of the Center Hospital, marking the Navy's 199th anniversary.

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Navy Day on Oct. 27, 1922, the birthday of Theodore Roosevelt. Some time afterwards, Assistant Secretary Roosevelt gave Mrs. Hamilton a letter to the effect that she was the founder of Navy Day. "Mrs. Hamilton's service as founder of Navy Day," writes J. Russell Carney, "has been too little remembered by the Navy."

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9 OCT. 1974 - JACKSONVILLE DAILY NEWS

in the family



GET THE POINT — Young Anna Smith is none too happy about her blood test at the Tarawa Terrace services dependents in the Tarawa Terrace, Knox Dependent Clinic. "Assisting" Anna are Trailer Park and Midway Park complexes, Hospitalman Second Class Duke Duquette (left)

"CAMP LEJEUNE GLOBE" 19 September 1974

family news

T T Clinic

Mending broken bones

Story and photo by LCpl. Jim Yarborough

With a sick child, the family car gone and the Center Hospital six miles away, a frantic mother has a real problem.

But not to the parent near Tarawa Terrace. The Tarawa Terrace Outpatient Clinic offers medical treatment to all military dependents throughout the Tarawa Terrace, Knox Trailer Park and Midway Park Complex.

Open Mondays through Fridays, from 8 a.m. to 3:30 p.m., the clinic opened for business a year and a half ago — to help ease the build-up of patients at the Hospital and provide quick medical attention to the near-by military community.

"We treat bumps, bruises, colds, broken bones, disease and other minor ailments," explained the OIC, LCdr. Rosemarie Castellanos. "But, for x-rays and extreme emergencies, patients go directly to the Hospital."

"We also give immunizations twice a week, Tuesday and Wednesday, between 8 and 10 a.m.," she added.

The clinic does handle some emergency cases, such as drug overdose, stitching deep cuts or performing such emergency treatment as necessary.

"Three-fourths of our patients are children under the age of 12," Castellanos pointed out. "This doesn't mean the clinic is strictly for children however, it's for older dependents too. The clinic is capable of treating nearly all ailments."

One Navy doctor, a corpsman and two Navy Relief Nurses are the working force at the TT location. The small staff can treat up to 900 patients a month.

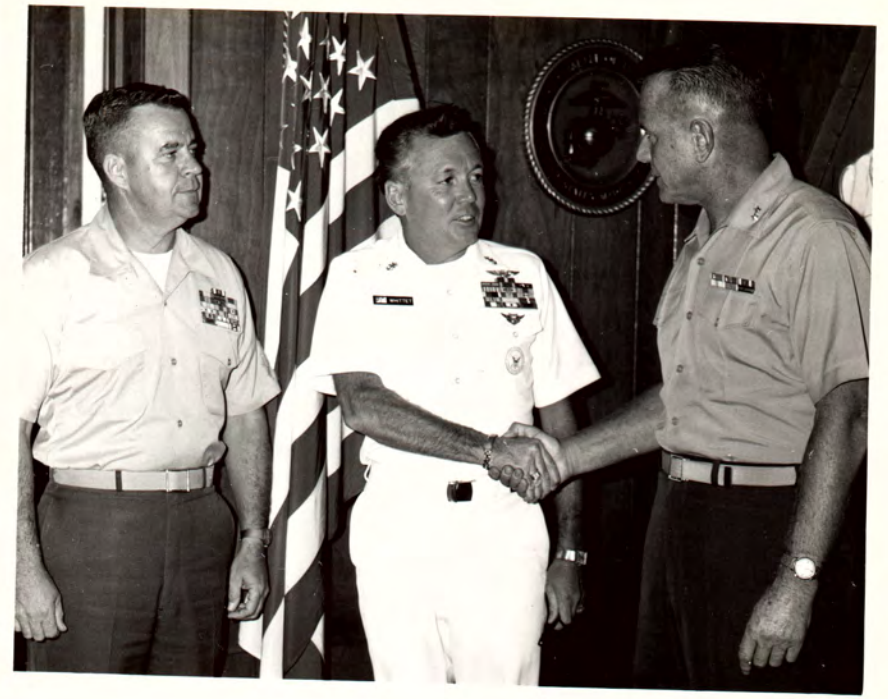
Aside from its regular medical duties, the clinic provides counseling for mothers, lessons on how to read a thermometer and first aid for emergency cases at Tarawa Terrace Schools.

One dependent, Cynthia Smith, expressed her view of the clinic while waiting on her appointment. "The clinic is very convenient!" she exclaimed. "It saves the time and gas that I would use by going aboard base plus it's only a 10 minute walk away!"

"The doctors show strong concern about children and give advice about proper care. They give the children the attention they need," Mrs. Smith concluded.



27 SEP. 1974 - HM3 HENDERSON - BLUEJACKET OF THE QUARTER



3 & 4 OCT. 1974 - HMCM WHITTET, MASTER CHIEF PETTY OFFICER OF THE U. S. NAVY VISITS CAMP LEJEUNE, NC.



8 OCT. 1974 - LTJG JACOBSON - FROCKED TO LT



Navy Day

The United States Navy celebrates its 199th birthday on Oct. 11 with Navy Day. Naval personnel aboard Camp Lejeune have many events planned. An all hands picnic will be held today from noon to 6 p.m. The picnic is for all active and retired Navy personnel and their families. Coupled with the event will be a 12-man aerial jump and display at 4 p.m. Tonight will feature Navy Night Dance at the Enlisted Men's Club from 6:30 p.m. to 11:30 p.m. A transportable medical unit will be set up for display at the Naval Regional Medical Center, Building 56. Navy Day ceremonies will be conducted at the Naval Regional Medical Center at 11:30 a.m. on Oct. 11. Other Navy units at Camp Lejeune will conduct separate ceremonies at 11 a.m.

Daily News-Staff 1000 W

Doctor situation getting critical at New River

Story By Sgt. Roger Achor

Photos by Sgt. David Treadway



HELP NEEDED — The Medical Center is aware of New River's problem and is doing its best to help alleviate the problems explained Capt. T. Richter.

One of the most prevalent areas of dissent in the Marine Corps and particularly at the New River Air Station, is the inadequate availability of medical services.

The blame for lack of medical support in New River's and the Navy's scope of operation cannot be thrust in any one direction.

According to Navy Captain T. Richter, CO, Naval Regional Medical Center, Camp Lejeune, "The Navy's shortage of doctors is a result of no longer being able to draft. Particularly, the general practitioner has disappeared from both the military and civilian scene."

There are a variety of reasons for the physician shortage. One reason is pay. However, there are present bills up for legislative approval to compensate military doctor's pay comparable to those of their civilian counterparts. Another factor is that, being in the military, personnel can't always stay in one area to raise a family. The Navy has, of course, recognized these problems and is in the process of rectifying them.

As recent as two years past the number of available general medical officers and flight surgeons was 65 percent more than today. Even more doctors are expected to

resign their commission next summer. With the reduction of military doctors around MCAS is was necessary to shift dependent medical facilities for the Air Station to the Naval Hospital.

Since this occurrence, Col. Nick J. Kapetan, CO, MCAS, has been in close communication with the necessary medical powers in hopes of rebuilding New River dependent's medical services.

As the number of doctors has decreased, the Medical Center found that it was possible to see more people by clustering them at the Hospital. There, doctors have all necessary equipment readily available for faster results. Also, the specialists are near for easy medical consultation in particular situations. The workloads have therefore been balanced off to the convenience of the patient.

"Present workloads are such where no doctors can be relocated at present to further help New River dependents," stated Capt. Richter. "We don't have any more doctors now than last summer when we decided to consolidate the facilities."

There are present plans being formulated to open a minor illness clinic in the Camp Geiger Dispensary. There dependents could be seen by nurse corps and hospital corpsmen screeners during regular working hours. No definite decision has been made as of yet on this plan, however.

"We don't have the people to staff such an operation at present date," commented Capt. Richter. "If opened, it is not yet known whether or not the clinic would be able to meet all the requirements for New River."

According to Capt. Richter, there are certain things the family can do to help alleviate problem areas. If the illness can wait for an appointment it is encouraged this be done. Secondly, when an appointment can't be kept it should be

cancelled by the patient. Lastly, it is wise to be educated about the common illnesses and either be able to defer or not make appointments for such things as simple colds, diarrhea, or an upset stomach for a day or two to see if they will clear up.

"The Center doesn't want to discourage anyone who has an illness from seeking medical attention," states Capt. Richter. "That isn't our objective."

There is presently at press a pamphlet covering minor illnesses which will be made available to dependents sometime this fall.

"I and other members of my staff stand ready to meet with groups of 15 or more dependents, active duty or retired personnel. We welcome the chance to answer questions anyone might have and will hear all complaints," concluded Capt. Richter.



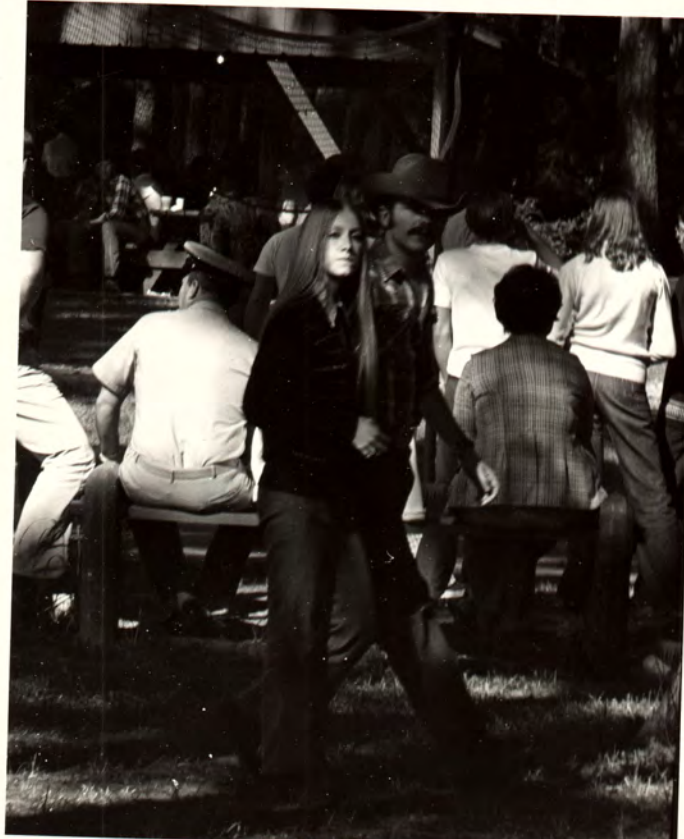
MORE DOCTORS — Capt. T. Richter, CO, Naval Regional Medical Center talks about his hopes for more doctors in two years.



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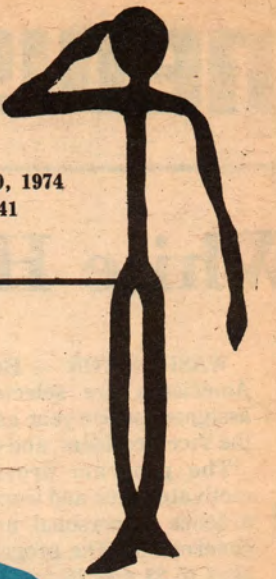
10, 11, and 13 OCT. 1974 - NAVY DAY



Camp
Lejeune

GLOBE

Thursday, October 10, 1974
Volume 30, Number 41



Navy Day 1974

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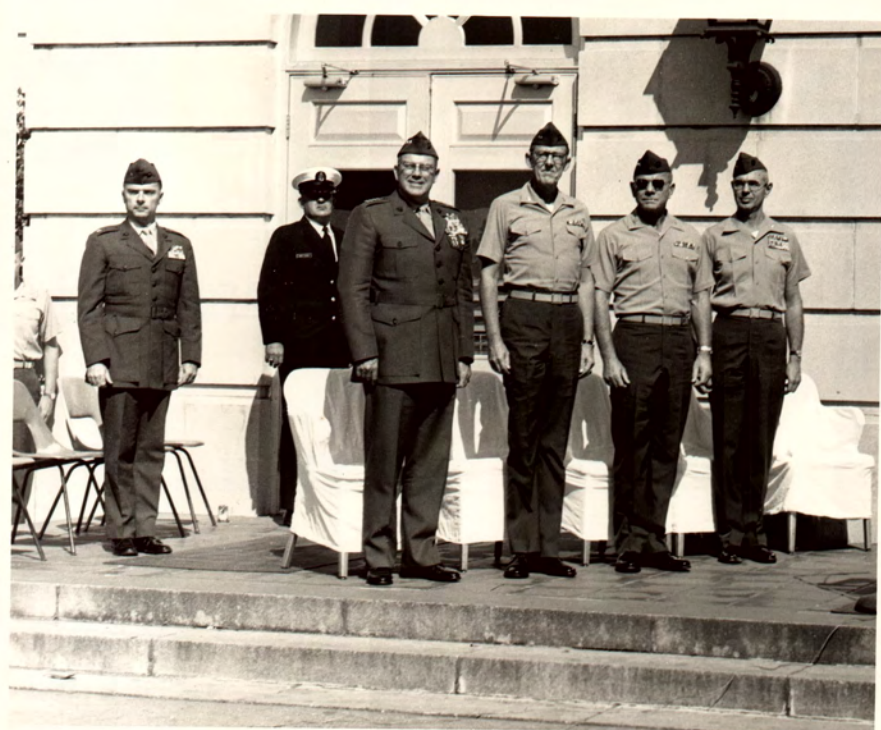
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In 1972, for the first time, a concentrated effort was made to promote the observance of Oct. 13 as the official Navy Birthday. It was on this date in 1775 that the Continental Congress authorized the acquisition and construction of ships for the Continental Navy. This action constituted the first naval legislation and became the genesis of the U. S. Navy. Thus, Oct. 13, 1974 marks the 199th birthday of the U. S. Navy using the theme: "Navy Birthday—A Proud Tradition."





NAVY DAY - 1974



Ready for emergencies

In the quiet of night, the piercing shrill of an ambulance siren echoes of suffering and destruction. In reality it's a prelude to rescue.

Linked to the ambulance by radio, the emergency room here at the Center Hospital stands ready to render aid.

Staffed at all times by a registered nurse (male or female) and a team of hospital corpsmen, the emergency room can handle any emergency.

An average of 100 people receive emergency treatment here daily, whether the emergency is large or small. Once treated, a patient is moved to the proper area of the hospital for further medical care if needed.

Receiving many patients daily, the emergency room is set up to treat seven patients at any one time. Using a portion of the room as minor trauma section, the personnel of the emergency room treat the numerous cases of cuts and bruises seen in a typical day.

A cardiac room expands the services of the emergency facility with the use of a diffibulator (a machine used to treat attack victims) and other respiratory apparatus. The emergency room is able to treat a heart attack victim promptly and properly.

A specially equipped "cardiac arrest cart" is used for the speedy treatment of a heart attack. While it provides all these varied and invaluable services, the emergency room is known for one service that has become synonymous with emergency-ambulance service.

Dispatched from the Base Dispensary (ext. 3211), the ambulance in many instances has been the fine line between life and death. Once an emergency call is received, an ambulance, corpsman and attendant are dispatched to the scene.

Even with all the relieving of suffering and saving of life, the emergency room receives its share of criticism. One of the biggest "gripes" is voiced by people who are treated in the emergency room each day.

They expressed an annoyance at arriving at the emergency room only to have someone treated before them. Negligence is not the reason as was commonly thought. Priority is based upon the nurse's decision as to whom has the most serious injury.

Stroking his brow and showing deep concern and some reluctance, Ltjg. Michael Monahan classified emergencies as being in three groups. "The major emergency needs medical attention promptly to prevent loss of life," Monahan said. "Only 10 per cent of our emergencies are major."

To provide more efficient care for the abundant number of outpatients, the Naval Medical Department created a new and much needed position within the hospital — a physician assistant. Although he may not be a "bona fide" doctor, he performs many of the doctor's duties. In fact, his position was created solely for the purpose of lessening the doctor's workload. His primary function is to see and treat as many outpatients as he professionally can. This will allow the doctor more time for difficult cases.

For the injured Marine in the field, medical evacuation by helicopter is available. A "chopper" notifies the hospital as soon

By Cpl. Andra E. McNeill

Photos by Cpl. Roy Brooks



LIFESAVER — Generating a shocking 200 volts a second, a diffibulator (used to treat heart attack victims) is tested by Ltjg. Michael Monahan as HM3 Larry Doyle observes.

Boatswain mates Mates

Skirts instead of tattos and beards

By Cpl. Andra E. McNeill

The image of a boatswain mate for years has been one of a large bulky, salty sea-faring man with bristling beard, covered with tattoos, and barking orders that were instantly obeyed.

The Navy has changed this image for two boatswain mates here. There are no tattoos, no beards, and they wear skirts.

These boatswains are women, the first to be trained here as boatswain mates.

Neither of the two were totally surprised when ordered to this sprawling amphibious base. Seaman recruits Denise J. Greer and Linda D. Harris explained, "At first we were a little hesitant about the boat handlers school but now we really enjoy it."

Linda also added "I'm glad we didn't get stuck behind a typewriter in an office."

The powder-puff duo also surprised their instructors. Engineman First Class Kenneth

Johnson commented, "At first I was shocked - finding out that I would be training women - but after we started they had no trouble making the transition and neither did I."

Denise and Linda are training to become guard boat handlers. Their duties will place them in the Intracoastal Waterway during live firing exercises. It will be their task to warn any boats that may wander unknowingly into the firing area.

"We are learning how to operate outboard boats and how to perform everyday maintenance on the engines," Denise proudly exclaimed. Both ladies have no trouble learning to be boat handlers during their four weeks training program.

They are delighted that they will become the first female boatswain mates at Camp Lejeune. Both expressed a desire to learn all that they can about their new and different duty.



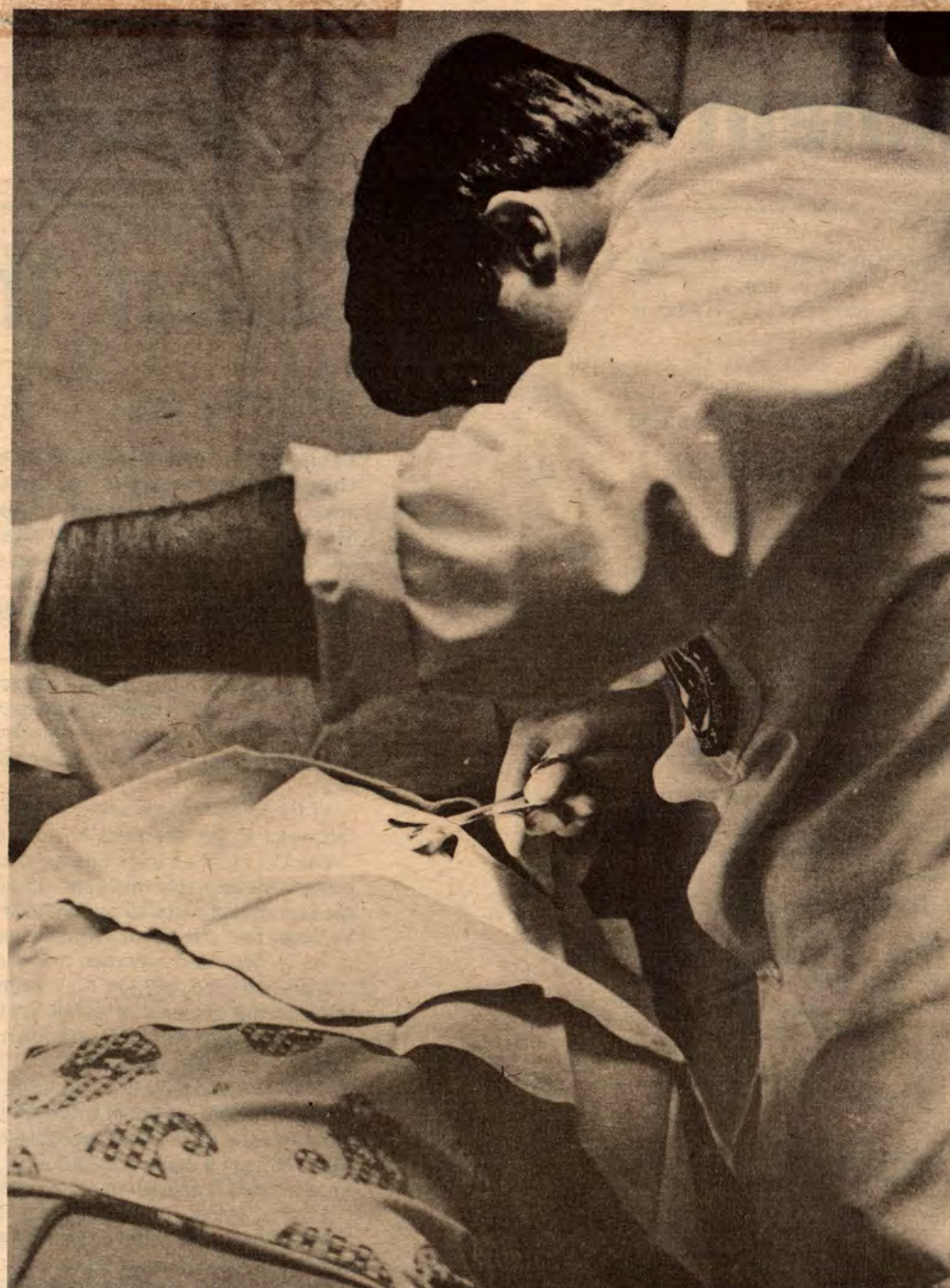
HARD RIGHT RUDDER — Seaman Recruit Linda D. Harris (r) watches closely as her shipmate, Seaman Recruit Denise J. Greer

Photo by Cpl. Jay Dikeman guides, their boat into the docks. Both are the first women to be trained as boatswain mates at Camp Lejeune.

Oct. 10, 1974

Globe

B



AH, HERE'S THE PROBLEM — HMC Tom McRary carefully opens an infected earlobe for treatment. McRary is a physician's assistant student at the Center Hospital.

as an injured man is picked up. In minutes an ambulance is standing by on the hospital helo landing pad.

"Not having enough doctors has brought on a broader use of experienced medical personnel," Monahan elaborated on the current doctor "crunch."

Faced with the problem of providing adequate care to the people with a small work force of doctors, the emergency room treated the situation much like an emergency itself. It immediately filled the gap left by departing doctors with qualified and able personnel, backed by experienced eyes and hands of a medical officer.

This allows emergency room personnel to continue providing high quality service which they must have — especially when their job is saving lives.

EMERGENCY AMBULANCE — 451-3211

You're never too old

By LCpl. Jim Yarborough

With 38 years in the Navy, 59-year-old Capt. Charlie Caldwell doesn't want to quit.

Caldwell, commanding officer of Field Medical Service School at Camp Johnson, is one of four senior Medical Service Corps officers in the entire Navy.

"I'm not old enough to retire," Caldwell said. "According to Navy Regs you have to retire at age 60 or when you reach 31 years of commissioned service. I'll retire in one year."

He now has 30 years of commissioned service.

Caldwell has held every rank in the Navy, from seaman recruit to his present rank. "I didn't skip a one!"

"I've held almost every job in the enlisted medical field," Caldwell proudly said.

Reaching one's peak in life is one thing that Caldwell stresses and another is education. He's an easy going person who likes to stay on top of things.

With openings coming up soon for Medical Service Corps admirals, Caldwell regrets his retirement is near. "If I had more time left in the Navy, I'd sure give that admiral promotion board a run for its money," he remarked with a smile.

Caldwell enjoys the Navy but feels that he would feel the same about any other branch of the military if he had joined one of them.

Caldwell enlisted in 1936 in his hometown, Marshall, N.C., a small "hill" town about 20 miles from Nashville, Tenn.

"I was the first person to enlist in the Navy from that county

since 1919," he boasted. "You didn't find too many Navy men there back then. But now they are seen nearly everywhere."

Comparing the Navy men now with those when he enlisted, Caldwell said, "The young Navy men of today are a fine bunch of sailors. Some of us old-timers

begin to look down our noses at these young people, too much I think. Things today have changed, but the quality is just as good today as it was then."

"Navy men and those of other services should uphold their tradition by continuing education and training in their field," Caldwell advised.

Before he enlisted, Caldwell was a student in the Civilian Conservation Corps (an organization that trained individuals for commercial jobs such as heavy equipment, brick laying, carpenter work, etc.). He got his General Education Development diploma while in the Navy.

Caldwell also enrolled in courses at the University of California, University of North Carolina and George Washington University during his career.

"I like to keep up with things and improve my education as much as I can," he acknowledged.

"It was hard making it through these years but I enjoyed it," said Caldwell. "I've done a lot of traveling and met and made many friends."

He will retire next year with 40 years of total active service. He has three children — two sons, one a Marine captain, and one daughter.

Caldwell hasn't decided where he wants to live or what to do after he retires. He said that he likes this part of the country and will probably settle down here.

"I will have to get a job," he said smiling. "I can't sit around and do nothing. I'm too young for that."

With fishing as a hobby, Caldwell concluded, "I'll probably get a job cutting worms on a fishing pier somewhere, casting in a few lines myself."



By Sgt. Brenda Lancelos

Corpsmen train for combat roles

Corpsmen of the Navy Hospital Corps have an outstanding reputation and one contributing factor is the intensive training they received at the Naval Field Medical School, Camp Johnson.

In the Navy of 1790, it was necessary to make provisions for the care of sick and wounded, so an Act of Congress was passed outlining that care.

The Act stated in part: "A convenient place shall be set aside for the sick and hurt men, to which they are to be removed, and some of the crew shall be appointed to attend them."

As a result, the "Loblolly Boys" came into being — forerunners of today's Corpsmen. Their job consisted of providing containers for amputated limbs and charcoal braziers for heating irons used to sear stumps caused by amputation and various other tasks for the surgeon.

The procedure used might sound crude to some, but more than 200 years ago the customary treatment for compound fracture of limbs was amputation.

From the title "loblolly boys" came surgeon's stewards then, male nurses and baymen. A course of instruction either on board ship or at a naval hospital was necessary to gain the position.

The Navy Hospital Corps was formed in 1898.

Tradition and pride has been

carried on by the Hospital Corps, and the Field Medical School, established in 1951, is still carrying on that same pride, through the Fleet Marine Force (FMF), training of Navy Corpsmen.

Hospitalmen attending the school learn how to stay alive in combat while giving medical aid to their Marine comrades.

Sixteen weeks of training at Hospital Corps School, Great Lakes, Ill. is required before a corpsman, assigned to an FMF unit, can attend the five week Field Medical School.

Unaware of the rigorous training ahead, they are issued the equipment of a field Marine, start their classes with physical training and an idea of Marine life-style.

Besides learning field medicine, they learn about camouflage, mines and booby traps, and map reading — basics to a Marine but new to the Corpsmen.

One vital part of their training encompasses early care of the seriously wounded. A dummy is used to simulate battle injuries, giving corpsmen needed practice in a battle environment. The dummy's name is "Oscar," and he actually bleeds, from use of a chemical dye, until the proper care is given to him.

Other classes include the treatment of minor injuries such

as snakebite, foot care, frost-bite and heat disorders.

The corpsmen are also sent on compass marches and amphibious landings, learning field sanitation, logistics and evacuation of the injured.

The corpsmen have varied feelings on training. Hospital Man Larry Miller expressed his, "This is my first time in the field and it seems to me like going to

boot camp again. I wasn't used to the running and early hours, but I do think training will benefit me if I go into combat."

After completing a final critique, the corpsmen graduate with the knowledge they've received the best training possible.

Hospitalman/Chief Thomas M. Garret commented, "When corpsmen leave the school,

there's a source of harmony between themselves and Marines."

The trained corpsmen or "Doc's," as they are referred to by their Marine counterparts, have now completed their training and proceed into the combat Marine's world.

Ask any combat veteran what the cry "doc" means to him — he'll tell you he's glad to have him aboard.



FIELD TRAINING — A corpsman attending to a patient in a field setting. Field Medical Service School prepares his lunch of C-Rats during a break in a field march.

Oct. 10, 1974

Globe

C



Master Chief Whittet

MASTER CHIEF WHITTET FROM HIGH SCHOOL DROP OUT TO SENIOR ENLISTED MAN OF THE NAVY

BY JOANNE M. STEITZ

In 1942 John Whittet, a sixteen year old high school drop out, joined the Navy with the help of forged papers. Thirty two years later, Whittet is still in the Navy, although he's no longer a school drop out. In fact, he's earned 60 credit hours toward a college degree and is presently serving as Master Chief of the Navy, the highest position a Naval enlisted man can hold.

"You might say that the Navy way caused the reformation and gave me the will to try to better myself," commented Whittet, during his interview held at Camp Lejeune recently.

According to Whittet, this is the first time that the Senior Naval Enlisted man has visited Camp Lejeune. The purpose of his trip was to establish personal contact with the 1000 corpsmen here at the Marine installation.

Travelling is something that Whittet has done a great deal of. "I've traveled over a million miles in the past three and a half years. This is the only means I have of discovering the needs of the individual enlisted man. If he has a problem we'll attempt to solve it, if he has a suggestion that will better the Navy, we'll take it under advisement."

When asked about the current controversy concerning amnesty, Whittet replied, "Amnesty is really a new word for Americans. I know it's a difficult subject, however, the only fair stipulation is for a deserter or draft dodger to pay back his time. This is the only reasonable alternative, if you're going to grant amnesty at all." He went on to say that although few men have responded

so far, he predicted a mass rush as the January 1st deadline hammer began to fall. "No man wants to live the rest of his life looking over his shoulder. For that reason, I feel that there will be many young men, who will accept the offer and the alternative rather than continue their lives in a constant state of uncertainty."

The HERALD asked Chief Whittet what advice he would give a young man about to embark on a career in the Naval service. "First off, I'd tell him to give an honest day's work, for an honest day's pay. That the Navy offers exceptional educational benefits and to take advantage of them whenever possible. To use foresight when planning his Naval career and to accept responsibility whenever possible."

When asked what changes he foresaw in the Navy he replied, "The Navy has definitely become an equal opportunity employer. I fully expect to see women boatswain mates in the near future. There are only four more states who must sign, before the constitution is ratified in that direction. Of course, this will be a drastic change in our structure, but I don't feel it will be a detriment to the naval service."

During his visit to Lejeune, Whittet toured the base, spoke to the Commanding Generals and visited several of the field dispensaries. "I was both pleased and surprised at how well the Marines and Navy personnel get along here at Lejeune. They are a credit to the Armed Forces."

Chief Whittet's term as Senior Enlisted man is nearly over, but retirement from the Navy is not in the near future. He recently shipped over for another four years. "I have found my Naval career sufficiently rewarding to revert to the position I held prior without any regrets."

Navy Birthday 1974 A Proud Tradition

As our Navy celebrates its 199th Birthday, we are in the midst of important changes in the Navy as we know it: The modernization of our Fleet, the realignment of certain command and support organizations, severe fiscal constraints, the realities of the All-Volunteer Force, and the dramatic expansion of the Soviet fleet.

But throughout the past year the United States Navy has met each challenge, answered each call, and, in every case, lived up to the finest traditions of its 199 year history. In fact, it is during times of crisis and challenge that our Navy's proud tradition has its greatest influence.

For almost two centuries American patriots have sailed the oceans of the world, under sail, coal, steam and nuclear propulsion, in ships of wood and ships of steel, in a constant vigil

to protect this nation and its vital interests abroad from foreign aggression.

That tradition is embodied today in every Navy man and woman whose patriotism, dedication to serve, and diligence in the performance of duty are still, as they were in 1775, America's first line of defense. Those of you who have stepped forward to serve your country should know that your vital role is recognized all across this country. And as our Navy meets the challenges that face us on this 199th Birthday, we should take strength from our Navy heritage, match the commitment of our forebearers with our own, and rededicate ourselves to carrying the proud tradition of our Naval Service into the unforeseeable future.

J William Middendorf, II

12 OCT. 1974 - ONSLOW HERALD



WELCOME ABOARD — Capt. T. Richter, CO of the Naval Regional Medical Center, greets Gen. Robert E. Cushman, Jr. Commandant of the Marine Corps, at the Navy Day ceremonies.

Photo by Cpl. Mario Palacios

Navy celebrates 199th

Gen. Robert E. Cushman, Jr., Commandant of the Marine Corps, was the featured speaker at the Navy Day Ceremonies at the Naval Regional Medical Center on Oct. 11.

Gen. Cushman spoke of the strong bonds between the Navy and the Marine Corps and the Navy's great service to the United States.

Some of the other main guests of honor were the Mayor of Jacksonville, MajGen. William

G. Joslyn, CG 2nd Marine Division, MajGen. Fred Haynes, CG MCB and BrigGen. Arthur J. Poillon, CG, Force Troops.

Navy Day was also acknowledged by North Carolina as Governor James Holshouser proclaimed Oct. 13 Navy Day.

HM-3 Dirk B. Henderson was presented the award of Blue Jacket of the Quarter at the festivities.

Personnel from the Center

Hospital were in formation near the center's flagpole.

Other activities leading up to the Navy Day ceremonies were an All Hands Picnic with an aerial parachute jump and displays and Special Navy Day Golf Tournament, both held Oct. 10.

This year marked the 199th birthday of the U.S. Navy with the theme: "Navy Birthday - A Proud Tradition."

CAMP LEJEUNE — The Commandant of the Marine Corps was the featured speaker at Navy birthday ceremonies at the Naval Regional Medical Center. An all-hands picnic and golf tournament also were held.

"NAVY TIMES"
30 OCTOBER 1974



15 OCT. 1974 - VARIOUS AWARDS AND PRESENTATIONS



16 OCT. 1974 - LTJG KENNEDY - PROMOTED



16 OCT. 1976 - LTJG THOMPSON - PROMOTED



16 OCT. 1974 - LTJG CAPPS - PROMOTED



16 OCT. 1976 - LTJG POLK - PROMOTED



16 OCT. 1974 - LTJG EDDINGS - PROMOTED



16 OCT. 1974 - LTJG MONOHAN - PROMOTED



24 OCT. 1974 - PRESENTATION FROM
COMMANDING OFFICER TO RED CROSS.



24 OCT. 1974 - REENLISTMENT -
HM2 SEVICK

NAVY BIRTHDAY 1974



NAVAL REGIONAL MEDICAL CENTER
CAMP LEJEUNE, NORTH CAROLINA



31 OCT. 1974 - AWARDS AND PRESENTATIONS
TO CIVIL SERVICE
PERSONNEL



5 NOV. 1974 - HM1 MEEKER -
PROMOTED TO WARRANT
OFFICER





16 OCT. 1974 - LTJG MONOHAN - PROMOTED



24 OCT. 1974 - PRESENTATION FROM
COMMANDING OFFICER TO RED CROSS.



24 OCT. 1974 - REENLISTMENT -
HM2 SEVICK

COMMANDING OFFICER'S MESSAGE

The idea of a nationwide celebration of Navy Day had its origin in 1922 at the Manhattan Navy Club. This Club, in concept a predecessor of the USO and related service clubs, had as an early president Franklin D. Roosevelt.

The Manhattan Navy Club is no more, but the tradition of Navy Day survives. It is a day for reflection on the Navy's history and tradition, for honoring its heroes and for anticipating its future.

The Naval Regional Medical Center welcomes its staff, their families and our guests in celebrating Navy Day. Enjoy your meal and your visit to the hospital.

T. RICHTER
CAPTAIN, MEDICAL CORPS
UNITED STATES NAVY



DINNER MENU

NAVY BEAN SOUP
Assorted Crackers

ROAST STEAMSHIP ROUND OF BEEF *au jus*

DEEP FRIED JUMBO SHRIMP
Cocktail Sauce

BROILED SPRING LAMB CHOPS
Mint Jelly

BAKED POTATO
Sour Cream and Chives

FRENCH FRIED POTATOES

LYONNAISE GREEN BEANS CARROTS NORMANDE

COLESLAW

TOSSED GREEN SALAD
Bleu Cheese or French Dressing

FRESH DINNER ROLLS

APPLE PIE WITH CHEESE ICE CREAM SUNDAE

ASSORTED BEVERAGES



31 OCT. 1974 - AWARDS AND PRESENTATIONS
TO CIVIL SERVICE
PERSONNEL



5 NOV. 1974 - HM1 MEEKER -
PROMOTED TO WARRANT
OFFICER





DEMONSTRATION BY MARINE CORPS BASE
WITH DOCTORS PARTICIPATING IN
AMPHIBIOUS-ASSAULT.





8 - 10 NOV. 1974 - VISIT BY SURGEON
VICE ADMIRAL JAMES WATT, ROYAL NAVY.
DR. WATT IS THE MEDICAL DIRECTOR
GENERAL OF GREAT BRITAIN.



14 NOV. 1974 - DR. ELLIS - PROMOTED
TO COMMANDER



15 NOV. 1974 - HM1 HOUCK -
REENLISTMENT



18 NOV. 1974 - HMC MC LEAN -
REENLISTMENT



18 NOV. 1974 - VARIOUS AWARDS

For Marines in the field

MUST is a must

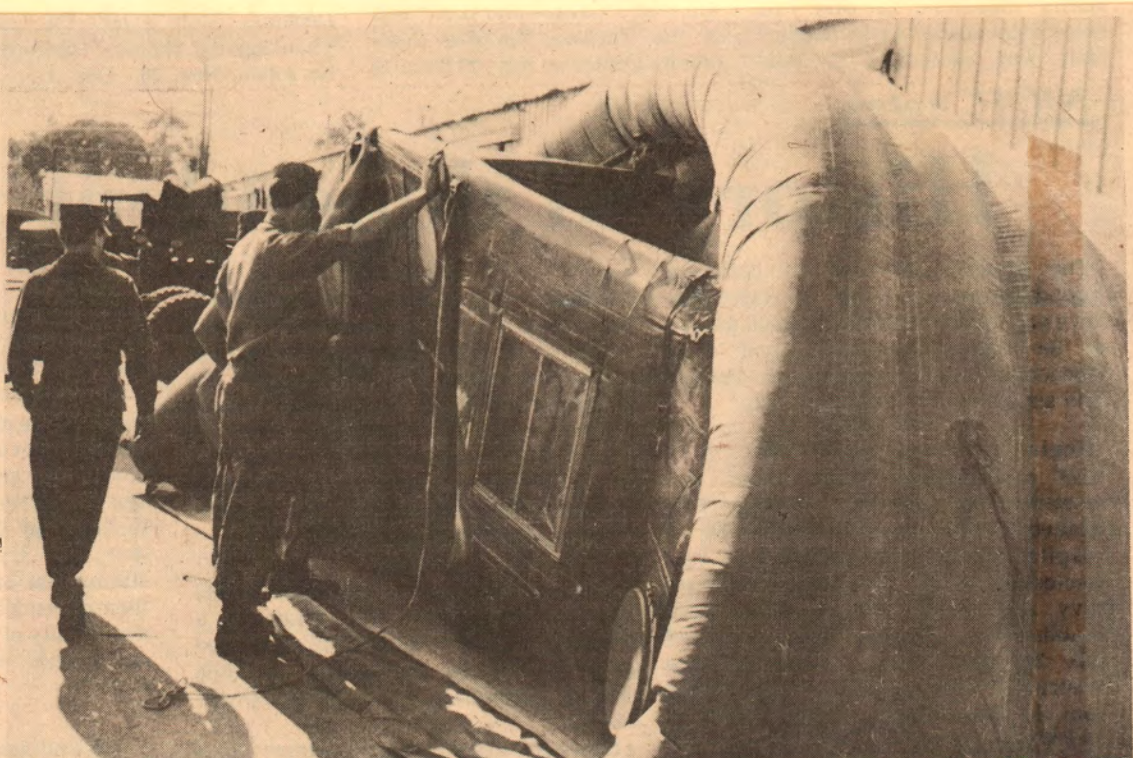
It's a MUST. It's a MUST for the wounded or sick Marine in the jungle, miles away from any operating room or medical facility. It's a MUST for the Marine with anything from a scratch to a bullet wound.

But now, it's not only a MUST, it's a reality. MUST stands for Medical Unit Self-Contained Transportable, and should give combat Marines the security of knowing that medical and first aid can always be just a few steps away.

The Provisional MUST Co., 2d Medical Bn., 2d Marine Division, commanded by Navy Lt. Richard J. Lindsay, is the only hospital of its kind in the Marine Corps.

The MUST is a new addition to the Marine Division, providing medical care and aid to Marines. The MUST is a rubberized plastic, inflatable hospital with three 20 bed wards and two operating rooms.

According to HML Lawrence L. McQueen, "We can handle anything from scratches to brain



FIRST PATIENT — Sgt. Steven L. Brown, Hq. Co., 1st Bn. 2d Marine Regiment, 2d Marine Division, was the first person to be admitted for surgery in the Medical Unit Self-Contained

Transportable (MUST) hospital. Brown was admitted for a ruptured appendix while the Naval Hospital was replacing power transformers in the operating rooms.

Photo by Sgt. Bill Jack



Photo by Sgt. Bill Jack

ALMOST THERE — Hospital corpsmen of the Provisional MUST Company pull a door into place as one section of the Medical Unit Self-Contained Transportable (MUST) hospital is inflated. When completely inflated the MUST hospital covers one acre of level ground.

Globe

Nov. 21, 1974

surgery," McQueen added that, "Anything that you find in a regular hospital you'll find in the MUST."

Within two hours of setting up one section of the hospital patients can be admitted and treated.

The MUST hospital can be set up on an acre of cleared land. It has all the modern conveniences such as running hot and cold water; electrical power; air suction; and climate conditioned air provided by five utility packs located in different areas around the hospital.

Although the unit is still in an experimental stage, it has provided support for operation "Solid Shield".

In October, MUST Co. performed the first surgery, utilizing the portable unit, in the United

States. The patient was Sgt. Steven L. Brown, Hq. Co., 1st Bn., 2d Marines.

Brown was taken to the hospital for a ruptured appendix. "When we went toward a big caterpillar, I didn't know what to expect," he said.

During a four day period, Provisional MUST Co. provided emergency for the Naval Hospital in a planned electrical power outage.

Lindsay saw an opportunity to evaluate the effectiveness of his unit and contacted the commander of the hospital. Arrangements were made and the Provisional MUST Co. provided operating room facilities in a parking lot adjacent to the Hospital.

The operation provided a rare incident with a field medical unit

providing operation support to a primary supporting command. Three surgical operations were performed in the MUST operating rooms during the hospital's "outage."

The MUST concept is the first major improvement in field medical facilities to be developed since the Civil War. It provides a field hospital which is self-contained and mobile, yet retains the sophistication of a controlled environment.

The Provisional MUST Co. was commissioned April 2, 1973 as a unit of the 2d Marine Division. The mission of the unit is to assist in the development field testing of the Marine Corps organizations required to implement the introduction of MUST equipment in the Marine Corps.

Medical care available

Eligible dependents and retirees are still receiving medical care at the Naval Regional Medical Center, according to Capt. T. Richter, NRMC commanding officer.

"Presently there is no category of eligible patient, including retired beneficiaries, being denied medical care," he stated on Nov. 20.

"Though funds and personnel limitations have required curtailment of some services throughout the region, all eligible patients are being seen insofar as our capabilities permit," he concluded.

"CAMP LEJEUNE GLOBE" 11-27-74



2 DEC. 1974 - HM2 KASTEN - REENLISTMENT



3 DEC. 1974 - GIFT PRESENTATION TO HOSPITAL FROM S. N. C. O. WIVES CLUB.

the onslow herald

"we cover the county"

Vol. 1 No. 12 Wednesday, November 27, 1974 Circulation Over 30,000



DIAL HELP!

CAMP LEJEUNE, N.C., Nov. 15—Sgt. Ambrose Crakerjack, Force Troops went to the Center Hospital at Camp Lejeune for an emergency operation. He had cut his toe while riding his motorcycle from the Hadnot Point package store last week, on a wine bottle. When Crakerjack was wheeled into the operating room, with his last gasping breath, before he went into a coma, he requested anesthetic. But instead, they gave them acupuncture.

The case is a fictitious one, but, Sergeant Crakerjack had a valid reason for complaint and didn't know who to contact. This happens sometimes to military personnel and their dependents. They don't know who to turn to with questions about medical services.

At Camp Lejeune, we have the Health Action Carline called (HELP) so military personnel and their dependents will have a place to call for answers without waiting in long lines to see a doctor.

Located at the Naval Regional Medical Center, Administrative office, the careline has been in existence for two years. It serves to alleviate the burden of doctors by answering questions about medical care before the

patient sees them.

Medical diagnosis, however, can't be done over the phone, but there are some problems that can be solved by the care line—for instance, you can direct your complaints, questions pertaining to medical treatment and even suggestions to (HELP).

Open 24 hours daily, the line accepts calls anytime. All messages received are recorded by the telephone message service and answered promptly.

Lieutenant (Junior Grade) David G. Daniels, Officer in Charge of the (HELP) line acknowledged the fact, "Most of the calls we receive are aimed at Champus and dependent medical needs, but we sometimes do receive questions pertaining to matter other the medical, these we refer to the CRISIS line, used for that specific purpose."

To contact the care line dial 4357 or (HELP) and state your name, address and phone number if you'd like a personal response. Always keep in mind that no medical problem can just be shrugged away and your suggestion or complaints to (HELP) may prove to be valid.

REMEMBER, everyone needs (HELP) now and then.



2 DEC. 1974 - HM1 COPELAND - RETIREMENT





9 DEC. 1974 - HM3 JENSEN - REENLISTMENT



13 DEC. 1974 - DOUBLE REENLISTMENT -
HMC MONROE and HM3 ODOM



JANUARY - MARCH 1975 - HM3 Marlin K.
SAPHORE—BLUEJACKET OF THE QUARTER



16 DEC. 1974 - VARIOUS ADVANCEMENTS



17 DEC. 1974 - HM1 ENGLEHART -
REENLISTMENT



20 DEC. 1974 - HOSPITAL CHRISTMAS
PARTY

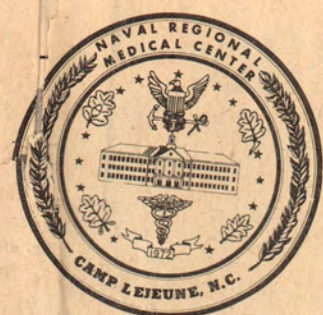




DAILY NEWS - Dec. 5, 1974



A MACHINE for examining the eyes and ears at the Naval Hospital is presented to Captain T. Richter by members of the Camp Lejeune Staff NCO Wives Club. Seated are: Mrs. H.W. Herbert, Mrs. K.R. DeLude, Karen DeLude, Mrs. T.J. Walker and Mrs. J.D. Hicklen. (Staff photo by Nelson Calhoun)



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Vol. I No. 1

NAVAL REGIONAL MEDICAL CENTER
CAMP LEJEUNE, N.C.

December 1974



HM2 Farmer being assisted by Mrs. Clara Stanley, Assistant Department Manager of the Uniform Shop in the Marine Corps Exchange.

Naming the baby

HM2 William Farmer of the ARU is \$25.00 richer and has an extra "96" all for submitting the winning name for the new baby. His entry was selected over 115 competitors. Farmer says he plans to use the money to buy uniforms that will be mandatory next July. (Good idea-are you ready?)

Who the baby you've named has a long life. Thanks also to others who submitted names. We hope this is evidence of a lot of interest in the new paper.



Do you recognize this site? For answer turn to page #8

Here it's really working

For the second year in a row the Naval Regional Medical Center led all military units in the Onslow County - Camp Lejeune Combined Federal Campaign. The personnel of the Naval Regional Medical Center contributed \$6,920.11 or 340% of the assigned goal of \$2,028.00 for the 1974 campaign.

At a coffee for all workers in the drive, the Command Coordinators, Captain L.A. HARRISON and CDR H.S. BERG, were cited by the Campaign Chairman, Dick Paschall, and the President of the United Fund Board of Directors, Bob Parker, for their outstanding leadership. They were also presented with awards in the form of a special plaque.

HARRISON cited the superior achievement of Keymen LCDR E. BOBOLA and HMCS C. WALLACE. BOBOLA was supervisor of the collections from the enlisted personnel, who showed a 73% contribution rate. WALLACE was in charge of the Outpatient Department where the personnel achieved a 100% contribution rate. Both HARRISON and BERG complimented all Keymen for their hard work, which made the drive so successful.

The Keymen solicited 747 persons in the Naval Regional Medical Center, and achieved an overall contribution rate of 68%. Of those contributing, 44% contributed by allotment and the rest in cash. The average cash contribution was \$5.50 and the average allotment was \$24.00. This represents an increase over last year in both categories, and the total amount collected represents an increase of almost \$600.00 over the 1973 drive.

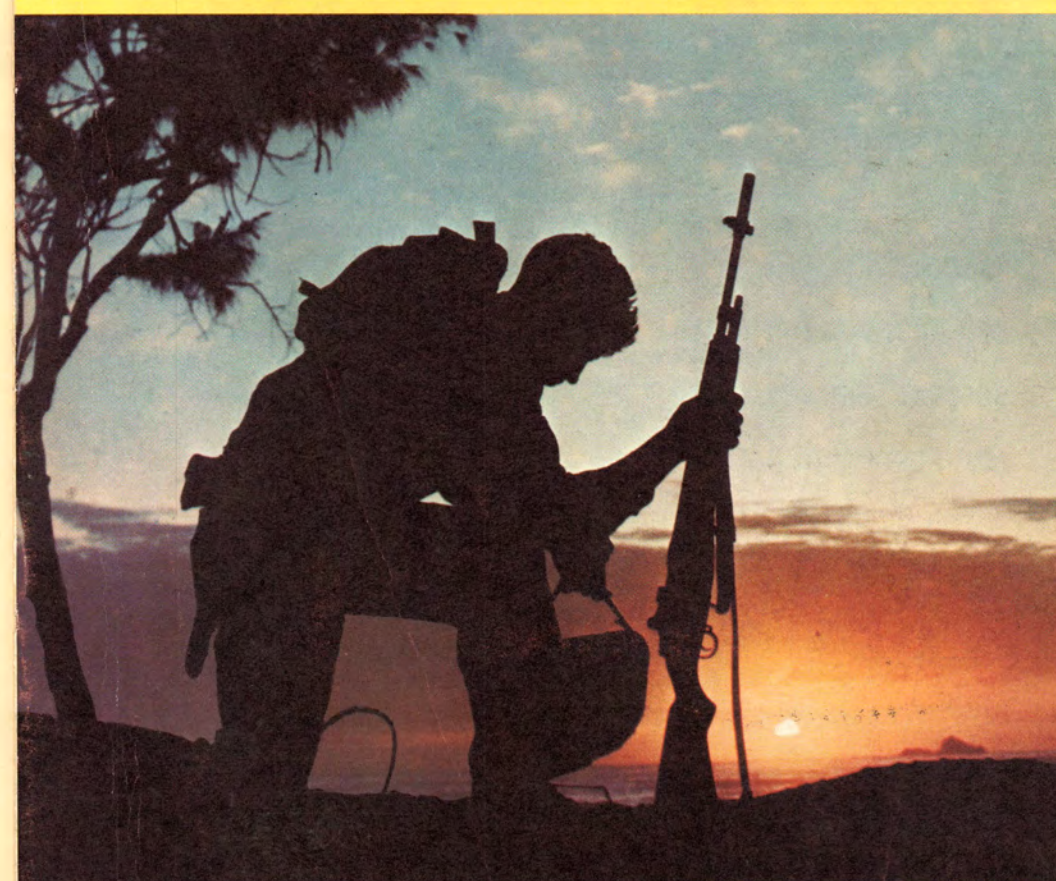
The local United Fund raised over \$165,000.00 which will be distributed to organizations in the area such as the USO, Red Cross, area Rescue Squads, Boy Scouts, Girl Scouts, North Carolina United Way, Emergency Relief, and the Onslow - Camp Lejeune Developmental Center. The Combined Federal Campaign money also goes toward the support of National Health Agencies and International Service Agencies as well as supporting the local United Fund.

— by Cdr Clayton

CHRISTMAS PARTY

All Center staff and their spouses are invited to the NRMCC Christmas Party to be held on Friday, December 20, 1974 in the B.O.Q. from 1400 to 1700. Dress will be casual or the uniform of the day.

FOR GOD AND COUNTRY



... in the air, on land and sea. —





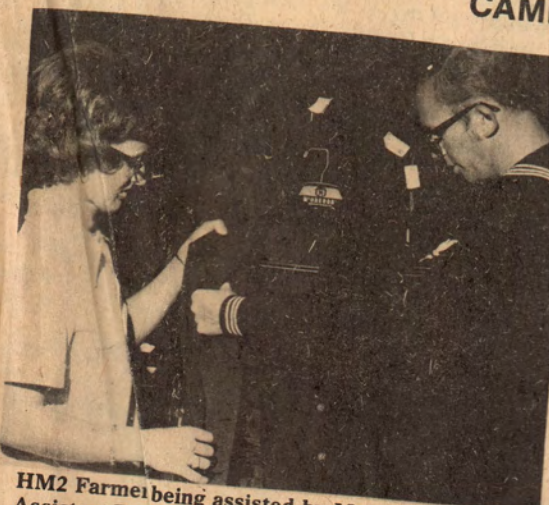
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CAMP LEJUNE, N.C.



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NAVAL REGIONAL MEDICAL CENTER
CAMP LEJUNE, N.C. 28542

NATIONAL PRAYER BREAKFAST

THURSDAY
30 JANUARY 1975

0700

ORDER OF SERVICE

INVOCATION	Chaplain R. P. REIDY
OLD TESTAMENT READING	Dr. JEROME LIEBOWITZ
WELCOME AND REMARKS	Captain T. RICHTER
NEW TESTAMENT READING	HMC FRED NEWTON
TAPED MESSAGES	
SPEAKER	Reverend NATHAN HINSON
	Rector: St. Anne's Episcopal Church
	Jacksonville, N.C.
BENEDICTION	Chaplain A. R. LATTY

COMMAND

CAPT	T. RICHTER, MC, USN, COMMANDING OFFICER
CAPT	V.L. STOTKA, MC, USN, DIRECTOR CLINICAL SERVICES
COR	W.E. WHITLOCK, MSC, USN, EXECUTIVE OFFICER
LT	R.P. REIDY, CHC, USN, CATHOLIC CHAPLAIN
LT	A.R. LATTY, CHC, USN, PROTESTANT CHAPLAIN

THE WHITE HOUSE
WASHINGTON

January 10, 1975

It gives me both strength and joy to know that more than one hundred thousand U.S. armed forces personnel in this country and around the world are joining us today in giving thanks to Almighty God for His care and special blessings on us as individuals and as a nation.

We thank Him for the heritage we cherish, for the sturdy character that is part of our national life, and for the courage our citizens have never failed to display in times of testing and of challenge.

We pray that He will assist us in finding the patience and perseverance to make the best of the great opportunities He has given us. We pray that our faith in America be strengthened and that it, in turn, may fortify our hopes and our actions.

In the words of our Apostle Paul, "Let us rejoice in hope, be patient in trouble and ever persistent in prayer."

GERALD R. FORD